

JPRS-TEP-94-003  
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# ***JPRS Report***

## **Epidemiology**

# Epidemiology

JPRS-TEP-94-003

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3 February 1994

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## REGIONAL AFFAIRS

### Roundup of Disease Reports for 8-26 December AB2712121993

[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas. Source information is given in parentheses after each item.

#### Ghana

The guinea worm coordinator of the Central Region, Mr. Edward Jebi Garbra, has disclosed that Gomoa Saakwa, a village in the Afranze zone of the central region, has been identified as the guinea worm endemic area. He told newsmen during a visit to the village last week that 14 out of the total village population of 60 had been infected by the disease. The Gomoa district coordinator of guinea worm eradication program, Mr. James Demakami, said 40 cases have been reported from five endemic villages in the district this year. (Accra Ghana Broadcasting Corporation Radio Network in English 0600 GMT 15 Dec 93)

Typhoid fever is reportedly on the increase in the Asunafo District. The district medical officer, Dr. Joseph Teye Nortey, told the GHANA NEWS AGENCY that 228 cases have been recorded in the district at the end of last October this year, as against 75 cases recorded last year. (Accra Ghana Broadcasting Corporation Radio Network in English 2000 GMT 15 Dec 93)

#### Niger

An outbreak of measles is raging in the eastern part of the country. According to provisional figures released, about 13 people have so far died. The epidemic is spreading and several mobile medical teams need to be mobilized to palliate the insufficiencies of local medical centers. (Libreville Africa No. 1 in French 1830 GMT 14 Dec 93)

#### Nigeria

About 600,000 Nigerians have been infected with the AIDS virus. This is according to Dr. Sarki Tafida, minister of health and social services, who delivered a speech at the opening ceremony of World AIDS Day in Lagos on 8 December. (Lagos Radio Nigeria Network in English 1800 GMT 8 Dec 93)

There is an outbreak of cerebrospinal meningitis in the Nafada Bajoga local government area of Bauchi State. Correspondent Aliu Abdulai Dankama says the local government's Department of Primary Health Care has embarked on mass immunization to contain the outbreak. Already over 6,000 people are being immunized against the killer disease and drugs and vaccines worth 50,000 naira have been purchased by the local government council for the exercise. (Lagos Radio Nigeria Network in English 0600 GMT 10 Dec 93)

More than 70 percent of reported cases of guinea worm in the country have been treated since the launching of the national guinea worm eradication campaign four years ago. The director of primary health care and disease control in the Federal Ministry of Health and Social

Services, Dr. Ashley Dejor, said in Lagos that the outstanding 30 percent would be eradicated by 1995. He expressed the hope that all the guinea worm endemic areas would become free of the scourge in the nearest future. Dr. Dejor said about 20,000 people were reported to have been infected by the disease in the past two years. (Lagos Radio Nigeria Network in English 0600 GMT 26 Dec 93)

#### Tanzania

Reports say about 60 [as heard] Burundi refugees are dying daily in Kibondo District, Kigoma Region, of dysentery. Kibondo District Commissioner Ndugu Timothy Kingu said that between three or four [as heard] of the 190,000 refugees who are in Kibondo District are dying every day. Ndugu Kingu, who visited the refugee camps, said he was not satisfied with the health conditions he found in the camps and urged all the refugees in the district to follow health guidelines by digging deep latrines and using them. (Dar es Salaam Radio Tanzania Network in Swahili 1000 GMT 14 Dec 93)

#### Togo

In Togo, the spread of the AIDS disease has reached alarming proportions and the authorities are so worried they have launched a national campaign on radio and television in all local languages as well as French. The Togolese Armed Forces high command has also decided to deploy soldiers from various units to spearhead the war against the disease. Major Dr. Bassabi told participants in a seminar that from the insignificant figure of 26 cases recorded in 1985, rising to about 2,000 cases in 1987, the epidemic has since risen sharply in subsequent years. He said a disturbing 160,000 people, mostly pregnant women and babies tested in clinics, have been found to be HIV positive this year. Maj. Bassabi said this represents about 4 percent of Togo's 3.5-million population. (London BBC World Service in English 0600 GMT 21 Dec 93)

#### Zaire

The Belgian charity organization, Medecins Sans Frontieres, [MSF] will soon initiate measures to combat cholera, which is said to be raging particularly at (Kalemie) in the Shaba-Katanga Region. The disclosure was made the previous day at the opening session of the General Assembly of the Zairian Nurses Union. As part of these measures, France will assist MSF in the area of water treatment. To this end, rehydration centers will be set up in the affected zones in order to reduce the transmission and spread of the disease. According to a correspondent's report, France will co-finance this program with 350,000 French francs, an amount which will serve to procure a 16-metric-ton container of calcium hypochlorite and defray relevant costs. (Kinshasa Voix du Zaire in French 1230 GMT 15 Dec 93)

### Roundup of Disease Reports for 28 December-21 January AB2201094594

[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas. Source information is given in parentheses after each item.

**Cote d'Ivoire**

Cote d'Ivoire took an active part in the eighth international conference on AIDS held recently in Marrakech. In our country, which is the sixth highest affected country in Africa, the cost of looking after HIV patients is high. At the infectious diseases unit of the Treichville Teaching Hospital, 4,175 patients were hospitalized and in the same year 1543 of them died, according to Professor Auguste Kadio. Another paper presented by Dr. Makan Coulibaly of the same unit, concerning the cost of looking after the patients, shows that the average age of the 139 patients that came to the unit from March to June 1993 was 35 years. According to Prof. Auguste Kadio, "adequate funding" is necessary because the monthly cost of looking after each patient at the hospital is 239,000 CFA francs, while the outpatient cost is 102,000 CFA francs. And yet the minimum salary in our country is 35,000 CFA francs while the average is 100,000 CFA francs. (Abidjan FRATERNITE MATIN in French 28 Dec 93 p 2)

Leprosy has reappeared at Nguessakro in the Divo region. One quarter of the population at that village has been affected by this disease. At Nguessakro, a small village of about 100 people, 40 km from Divo, a quarter of the population has been affected by disease. New patients were discovered today by a team of specialists led by Dr. Ambrose Ablet Ekissé, chief medical officer of the rural health service at Divo. (Abidjan Radio Cote d'Ivoire Chaine National-Une Network in French 1900 GMT 8 Jan 94)

**Ghana**

The Ministry of Health has announced an outbreak of yellow fever in the Jirapa District of the Upper West Region and as a result 38 cases and 14 deaths have been recorded since October 1993 for five villages. A statement by the ministry says control measures are in progress and they include the isolation of the sick, mass immunization of the people in the affected areas with the yellow fever vaccine, as well as attempts to control the mosquito vector. People in these areas are advised to sleep in mosquito nets. The statement adds that there is no cause for alarm since the situation is under control. However, visitors who travel to the affected areas must get themselves immunized against the disease. (Accra Ghana Broadcasting Corporation Radio Network in English 2000 GMT 21 Jan 94)

**Kenya**

Eleven people have died from an outbreak of meningitis at Kocholia location in southern division of Elgeyo Marakwet Division [western Kenya] in the past one week. Confirming this today to KNA in Iten, Elgeyo Marakwet medical officer of health, Dr. David Koech, said three people died in Kapkosom sublocation, five in Molol sublocation and three at Kocholia sublocation. He said after the diagnosis it was discovered that meningitis was the cause. He went on to say that two people have already been admitted at Plateau Mission Hospital in Uasin Gishu District. Dr. Koech urged the pupils not to panic because the disease was already under control. He said a team of medical personnel from Iten District hospital has been sent to immunize the people in the area and urged

wananchi [citizens] to avail themselves for immunization at Kochoria trading centre. He added that the immunization exercise will take four days with effect from today. (Nairobi KNA in English 0915 GMT 6 Jan 94)

About eight people have died after eating meat from an animal that died of anthrax in Kokuro area in Lokitaung Division, Turkana District. This follows an outbreak of the disease in the area.

The Turkana District commissioner, Mr Simeon Motogwa, said a team of health officers from Lodwar District Hospital had been sent to the area to treat people who survived after eating the meat. He said a team from the veterinary department would visit the area to assess the outbreak and take preventive measures. He said that as a result of the outbreak, the residents needed to be enlightened in order to avoid eating infected meat, adding that arrangements had been made to buy drugs from Nairobi.

The district medical officer of health was not available for comment. (Nairobi DAILY NATION in English 12 Jan 94 p 2)

The Narok medical officer of health, MOH, Dr. Joseph Sokobe has said that at least one case of typhoid was diagnosed daily at the district hospital, raising fears of a possible outbreak of the killer disease. Dr. Sokobe explained that the disease had no known vaccine and the district had no drugs for its treatment.

The MOH was responding to questions from members of the press investigating the possible outbreak of the disease following an outcry from members of the public. He advised members of the public to seek medical attention promptly if they suspected infection. He said that there was urgent need to re-examine the water system and the hygienic state of eating horses in Narok town and conduct a rigorous education campaign to sensitize the public in a bid to control the disease. (Nairobi KNA in English 1705 GMT 14 Jan 94)

**Nigeria**

The World Health Organization [WHO] says more than 22 percent of people with a history of sexually transmitted diseases in Nigeria have AIDS. The WHO representative in the country, Dr. Samuel Brew Grant, told the NEWS AGENCY OF NIGERIA, Lagos, that such patients were prone to the AIDS virus with blood as a major channel of transmission. He said the organization has spent about 110 million naira in support of Nigeria's anti-AIDS campaign launched in 1987. He said there were 961 confirmed cases of the disease as at last month in the country. (Kaduna Radio Nigeria in English 1700 GMT 28 Dec 93)

Measures are being taken by the Federal Government to contain the outbreak of yellow fever in parts of Anambra State. These include the provision of machines for vaccination and the dispatch of medical teams to the affected areas. The minister of health and social services, Dr. Dalhatu Sarki Tafida, stated this in an interview with a Radio Nigeria correspondent in Lagos. He said that 165,000 vaccination doses had been sent to Anambra and the Imo states to combat the outbreak. Dr. Dalhatu said

that the ministry would embark on a campaign to educate the people on the prevention of the disease. So far, 33 persons have died of the disease in Anambra State. (Lagos Radio Nigeria Network in English 0600 GMT 14 Jan 94)

The coordinator of the National AIDS and Sexually Transmitted Diseases Control Program, Dr. Abiola Tili Gardu, has announced that about 650,000 Nigerians have been infected by the AIDS virus. He announced this in Maiduguri at a two-day national workshop organized by the Federal Ministry of Health. (Lagos NTA Network in English 2000 GMT 17 Jan 94)

**Epidemiological Reports Monitored 20-26 December**

MB2612194793

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 20 to 26 December concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

**Zambia**

Dysentery—The senior clinical officer in charge of the (Kalwangwa) Rural Health Center, Desmond Katjongo, has dismissed fears that there was an outbreak of dysentery in the district. He said only two cases have been reported and dealt with by medical authorities. He cautioned people, however, to take preventative measures to avoid the reoccurrence of the disease in the district. Meanwhile, the Kitwe City Council director of health, Edward Kapula, said that the dysentery outbreak at Kamfinsa Remand Prison is under control, as no inmates have died in the past two weeks. Mr. Kapula told the Zambia News Agency in an interview that the number of inmates admitted at the center has decreased, but he did not say how many patients were still undergoing treatment. (Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 21 Dec 93)

**Epidemiological Reports Monitored 27 December-2 January**

MB0201201294

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 27 December to 2 January concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

**Angola**

AIDS—AIDS has reached alarming proportions in Lunda Norte Province. New cases are being detected in the region. Angolan-born Dr. Teresa Cohen, from the African Association Against AIDS, has spoken of the need to send more medical equipment and condoms to the province to fight the disease. (Luanda Radio Nacional Network in Portuguese 0600 GMT 28 Dec)

**Mozambique**

Cholera—A total of 11 people died of sanguineous diarrhea at (Cauene), Gile District, Zambezia Province. The health director in the district said more deaths could occur because of the shortage of medicines. (Maputo Radio Mozambique Network in Portuguese 0500 GMT 28 Dec 93)

**Zimbabwe**

AIDS—About 23 percent of the 450 people who died in Bulawayo in October suffered from AIDS and HIV-related diseases, says the director of health services, Dr. Barnett Nyathi. AIDS and HIV-related diseases claimed 182 lives, which is less than the previous month's 141, Dr. Nyathi said. According to him the highest number of deaths were in children under four years, where 26 cases were recorded. Twenty-five deaths were recorded in the 30 to 39 age group, 20 in the 40 to 49 age group, and 18 deaths were in people between 20 and 29 years. (Harare THE HERALD in English 16 Dec 93 p 10)

**Epidemiological Reports Monitored 3-9 January**

MB0901190294

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 3 to 9 January concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

**Mozambique**

Diarrhea—87 people died of diarrhea at Namialo administrative post in Meconta District, Nampula Province, during the last two weeks of December. It is believed the people died after drinking unclean water. Head of Namialo post Francisco Bwana said the people died during the period when soldiers protecting the Ncalala Corridor mutinied in Namialo. They paralyzed the water pumping station and thus 23,000 people were forced to continue to consume unclean water. (Maputo Radio Mozambique Network in Portuguese 1400 GMT 4 Jan 94)

Tropical Neuropathy—A report from the Nampula Provincial Health Directorate reveals that 310 cases of tropical neuropathy have been registered and treated in Liupo, Nacacani, Mujocojo, Mocone, and Quinga, in the coastal district of Mogincual, in Nampula Province, from 1990 to 1993. The report also says that the disease is already reaching some areas of Angoche District, particularly Sangane area, where two cases have already been reported. Other cases were observed along the Liupo-Corane road. (Maputo NOTICIAS in Portuguese 5 Jan p 3)

**Zimbabwe**

Dysentery—Zimbabwe's Health Minister Timothy Stamps says dysentery has killed at least 50 people in the country's capital, Harare, in the past 2 months. Stamps told the state-run ZIANA [Zimbabwe Inter-African News Agency] that it is no longer an outbreak, but an epidemic. Sixteen people have died from dysentery in other areas of the southern African country and nearly 2,000 people have been struck by the disease. Dysentery is transmitted through dirty food and water. Stamps has urged city councillors to enforce strict food hygiene by-laws, ensure that public toilets are maintained, and that streets are cleaned. (Umtata Capital Radio in English 0700 GMT 6 Jan 93)

**Epidemiological Reports Monitored 10-16 January***MB1601193794*

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 10 to 16 January concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

**Botswana**

Hepatitis-B—"The acting principal secretary in the ministry of health, Dr. (John Mulwa), says about 12 percent of Botswana's population has the Hepatitis-B virus....Dr. (Mulwa) said 294 cases were handled in 1992, and 1 death reported." (Gaborone Radio Botswana Network in English 1610 GMT 12 Jan 94)

**Mozambique**

Cholera—"A total of 459 people died of cholera and 14,462 cases were reported in 1993. In 1992, 600 people died of the disease and 31,000 cases were reported. A source with the Ministry of Health's Epidemiology Department said Gaza, Inhambane, Mania, Tete, and Manica Province are free from cholera." (Maputo Radio Mozambique Network in Portuguese 0500 GMT 11 Jan 94)

Cholera in Cabo Delgado—"A cholera epidemic hit Chiure District in September of last year, affecting 9,000 people in the province. A total of 86 people died. Cholera is now affecting the areas of Ancuabe, Metuge, Palma, and the city of Pemba." (Maputo Radio Mozambique Network in Portuguese 1730 GMT 14 Jan 94)

Cholera in Zambezia—"Cholera killed 74 people, while diarrhea killed another 26 in Zambezia Province last year. The head of the community health department in the city of Quelimane said a total of 4,443 cholera cases and 16,822 cases of diarrhea had been recorded in the province last year." (Maputo Radio Mozambique Network in Portuguese 1730 GMT 14 Jan 94)

**South Africa**

Malaria in Venda—"At least 32 cases of malaria were reported by authorities in the Venda homeland in South Africa last week....Eight cases of malaria were diagnosed in the northern Transvaal town of Messina on the border with Zimbabwe last week." (Johannesburg Channel Africa Radio in English 1600 GMT 10 Jan 94)

**Epidemiological Reports Monitored 17-23 January***MB2301183994*

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 17 to 23 January concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

**Mozambique**

Cholera—Cholera has killed 90 people in Cabo Delgado Province since October of last year. Reports from Pemba say a lack of money is preventing health centers from remaining operational to treat cholera-related diseases in the province. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 20 Jan 94)

Malaria—Malaria killed 12 people and malnutrition another seven at the Moamba Health Center in Maputo Province last year. Other diseases that have ravaged Moamba District include cholera and diarrhea. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 20 Jan 94)

**South Africa**

AIDS—The number of people tested positive for AIDS in the Cape rose to nearly 3,300 by the end of October in 1993. Statistics released by the Cape AIDS Advisory Group "showed 132 people tested positive in October alone. The group said the third quarter of 1993 had the highest number of positive tests in the Cape since 1989, with 333 new cases. The Cape metropolitan area, including Khayelitsha, had 1,185 cases." (Johannesburg SAPA in English 2223 GMT 18 Jan 94)

AIDS—Ninety babies with AIDS are being treated at the Red Cross Children's Hospital in the Cape, doctors report, while the disease is spreading rapidly among women. (Cape Town CAPE TIMES in English 19 Jan 94)

**SWAZILAND****Minister Says HIV Infection Nearing 22 Percent Nationally***MB23122020 Mbabane Swazi Television in English 1730 GMT 23 Dec 93*

[Text] More than 400 people have been killed by the killer disease, AIDS, this year. This is according to a survey conducted by the World Health Organization, WHO. The startling figures were disclosed by the minister of health, Dr. Derek von Wissel, this morning:

[Begin Von Wissel recording] A survey was recently done among what is scientifically considered to be a representative sample of the Swazi population. The number of people who tested positive for HIV is far above the expectations and indicate that this disease has now reached national emergency proportions. Nationally, the HIV positive rate among all over the age of 15 years is now 21.9 percent or, in other words, one out of every five people. Some areas are as high as one out of three adults.

These figures mean that about 90,000 people are now infected, and it is projected that by the year 2000, the number will stabilize at around 180,000 infected people. This year at least 400 deaths in Swaziland were reported as AIDS-related. This figure is expected to rise rapidly to about 10,000 deaths by 1996, and 17,000 deaths per annum by the year 2000.

The disease is fairly evenly spread through all age groups above age 15 years, with the female rate being slightly higher among the younger age group. More than half the women tested positive were unmarried.

There is no way that the health services in this country is going to be able to cope with the impending disaster. Everybody in the country will have to be involved to help. The ministry is preparing a management plan which, once drafted, will be published for comment and input, and then implemented. We can no longer deny the existence of this disease. We have to talk about it openly, destigmatize it and prepare families and communities to support members who have AIDS. [end recording]

### Localities Told To Spend More on Fighting Endemic Diseases

HK0701074494 Beijing CHINA DAILY in English  
7 Jan 94 p 3

[By staff reporter Zhu Baoxia: "Localities Told To Spend More on Disease Control"]

[Text] Local governments are being urged by the State to take new steps to eradicate the various endemic diseases that currently threaten the health of more than 500 million Chinese farmers.

Chen Minzhang, the Minister of Public Health, stressed on Wednesday in Beijing that provincial governments should further increase their budgets for endemic disease control and people from all walks of life must be persuaded to join the national campaign against endemic illnesses.

Endemic diseases—including snail fever, iodine deficiency diseases (IDD), the plague, and endemic fluorosis—have been reported in 2,413 counties, or 85 percent of the counties in China.

Chen made the remarks at the founding of the Endemic Diseases Society of China.

The society is a nongovernmental organization composed of specialists in endemic illnesses and volunteers from different State departments, institutes and industrial enterprises.

The society was founded to help spread State policies and regulations on endemic diseases control and launch publicity campaigns.

It will also organize academic exchanges to introduce new techniques on prevention and cure of the illnesses to grass-roots health workers.

The minister said he hoped a national endemic disease control network will be established as a result of the work of the society.

Snail fever, or schistosomiasis, a parasitic illness eliminated in the early 1950's, reappeared in the early 1980's.

Currently, endemic snail fever is rampant in 381 counties in the country.

More than 3.6 billion square meters of land in China's lake and mountain regions are still infested with snails putting 40 million people in danger.

The most serious epidemic cases are in rural areas and in poor counties.

In 1991, the disease was found in 1,212 counties, accounting for 43 percent of the country's total. About 300 million people are threatened, 26 percent of the total population.

There are 43 million dental fluorosis patients and 1.6 million skeletal fluorosis victims.

IDD, like endemic fluoride poisoning, is prevalent in all provinces, municipalities, and autonomous regions except Shanghai.

IDD has become one of the major factors affecting the mental development of Chinese children.

On the same day, a deputy provincial governor of Shanxi Province said the provincial government has decided to allocate an additional 1 million yuan (about \$175,000) annually starting this year for endemic disease control in the province.

The regular budget for the work in Shanxi, one of the provinces in China that has a major problem with endemic diseases, is 1.4 million yuan about (\$245,000) each year.

The province has five kinds of endemic diseases in 107 counties and prefectures, 81 per cent of the province's total.

Some 3.4 million of the residents, or 12 percent of the province's total population, suffer from the various illnesses.

Zhang Weiqing, the deputy provincial governor, said the provincial government is to loan some 3 million yuan (about \$526,000) each year to help develop health-related industrial enterprises.

The province is to subsidize scientific research institutes by as much as 500,000 yuan (about \$87,000) each year for carrying out research in the field. Researchers who achieve outstanding results will be rewarded.

### Labor Ministry Urges Laws To Protect Workers' Health

HK2501071194 Beijing CHINA DAILY in English  
25 Jan 94 p 3

[By Cao Min: "Law Urged To Protect the Health of Workers"]

[Text] Labour Ministry officials are pushing for a draft law on occupational disease control in the wake of the many serious cases of industrial dust pollution reported recently.

They also are urging an education drive to make workers in enterprises, especially in foreign-funded and private ones, aware of protecting their health, rights and interests through current regulations.

Last year, more than 10,000 new industrial projects were checked on occupational safety and hygiene, according to Lin Xiaoning from the Labour Ministry.

Those factories which did not pass the examination have been ordered to make improvements within a fixed time before going into operation.

But Lin did not give the exact figure of the factories failing to pass the check.

He complained that some enterprises and even local governments had ignored poisonous dust and other materials that brought great harm to workers' health.

A report by the local health department shows that at least 5,000 shoe workers are suffering from benzene poisoning in Wenzhou, Zhejiang Province. With 4,000 shoe producers, shoe making is a major industry in the city.

The Beijing-based Health News reported that 72 to 73 per cent of the workshops in the city's shoemaking industry had benzene density in the air beyond allowed limits.

A woman worker was killed by the poisonous air at a privately owned shoe heel workshop where four women worked in a nine-square metre room. The consistency of benzene in the air was found 20 times higher than the State standard.

The Beijing-based China Environment News also reported a similar situation in the foreign-funded shoemaking industry in Hainan Province.

It said the provincial government officials have decided that any projects likely to cause environmental pollution would not be introduced into the country's largest special zone any more.

The capital city of Beijing is also not exempt from the problem.

The municipal government has promised to help check poisonous dust in foreign-funded enterprises.

According to Lin Qiu, Deputy Director-General of the Beijing Labour Bureau, the health of about 100,000 workers is affected by poisonous dust in local enterprises.

## CAMBODIA

### Government Sets Up Anti-AIDS Commission

*BK24D0504 Phnom Penh AKP in English 24 Dec 93*

[Text] Cambodian Government has decided to set up an anti-AIDS national commission as the number of people recorded HIV positive jumped up to 2,000 by late this year, among them 223 developed AIDS.

The figure was seen in a report delivered by Chhea Thang, minister of public health, on the occasion of world AIDS day held in Phnom Penh early this month.

The decision on the foundation of the commission was signed on December 11 by Norodom Sirivut and Sar Kheng, vice-prime ministers of the Royal Government of Cambodia.

The commission with Public Health Minister Chhea Thang as president is composed of two vice presidents and 10 members who are secretaries of state of the ministries of education, youth and sports; social affairs; information; home affairs; economics and finance; tourism; planning; foreign affairs and international cooperation; national defence; women affairs; and culture; and deputy heads of provincial and municipal administration services.

The commission is duty-bound to set up anti-AIDS measures, examine AIDS infection in Cambodia, and counsel the government, laboratories and hospitals on the situation of AIDS.

### Cholera Kills Twelve in Kompong Thom Province

*BK2101062294 Phnom Penh AKP in English  
0401 GMT 21 Jan 94*

[Text] Phnom Penh AKP January 21—Thirty-four people in Kompong Thom Province, have been affected with cholera since the beginning of January, of whom 12 in the province's District of Sandan died.

The drought, the lack of potable water and hygiene have been the cause of the disease. The District of Sandan is the most affected among the other districts of the province.

The humanitarian organization of "Medecins Sans Frontieres" (MSF) has helped the local health care service in familiarizing the people with hygienic measure and distributing medicine to them.

The disease has also been seen in the District of Stoung and in the provincial town.

## INDONESIA

### Seminar on AIDS Views Prevention, Taboos

*94WD0147B Jakarta KOMPAS in Indonesian  
6 Dec 93 p 8*

[Text] Jakarta (KOMPAS)—It is not enough to fight AIDS with preventive actions and medical treatment only. People must also be prepared with accurate information so that they will be wiser toward AIDS victims. The campaign against the threat of AIDS cannot spotlight merely one aspect or method but must be conducted in an integrated

and professional way. The AIDS problem is very complex and AIDS cannot be prevented or campaigned against in an amateur fashion.

That summarizes views expressed by AIDS observers in two seminar sessions held Saturday, 4 December, in connection with 1993 AIDS Concern Week. Those who spoke in the first session were Prof. Dr. Benny Hoed of the UI [University of Indonesia] Literature Faculty; Dr. Alex Papilaya DTPH [expansion not given] of the UI Public Health Faculty; Dr. Hudoyo Hupoedio MPH [Master of Public Health] of the Department of Health; Yusca Ismail of the P3I advertising organization; and three journalists, namely Debra Yatim and Boyke Sukapdjo of ANTARA and Irwan Julianto of KOMPAS. Speakers at the second session were Dr. Aris Ananta of the UI Demography Institute; Dr. Kananto Sunarto of the UI Sociology and Political Science Faculty; Dr. Zubairi Djoerban of the UI Medical Faculty; John Wob of the Gratia Metauke LSM [Community Self-Help Organization]; gay leader Dr. Dede Oetomo of Gaya Nusantara; and Dr. Suriadi Gunawan of the Department of Health. AIDS Concern Week, observed from 1 to 5 December, was sponsored by the Si Kancil Creative Group of Indonesia.

Prof. Hoed recommended that the AIDS campaign be more "high-tech." We must prevent a situation in which people grumble, "Oh, AIDS again," or "That subject again," as soon as the subject is mentioned. The condom campaign, which has been rejected by Islamic leaders, should be accepted as a social reality in Indonesia.

Dr. Suriadi Gunawan, who spoke in a personal capacity and not as a representative of the Department of Health, stated that the Department of Health is not campaigning for the use of condoms among the public at large. It cannot be denied, however, that condoms are a proven technology for preventing the spread of AIDS. They should be used by people who, unable to restrain their passions, have sexual relations with persons other than their husbands or wives. It is not true that the condom campaign encourages sex with many partners. "Research has proved that condom campaigns do not increase the level of sexual activity with many partners but rather reduces the incidence of multiple sex partners," Suriadi stated.

According to Dr. Zubairi Djoerban, many hospitals are still reluctant to accept AIDS patients because of fear of the spread of the HIV virus, which causes AIDS. This is the result of the minimal knowledge that health personnel, including doctors, have of the disease.

Suriadi Gunawan was of the opinion that doctors and medical personnel have a theoretical knowledge that AIDS is not easily spread. Because they are not emotionally prepared, however, refusals to treat AIDS victims still often occur. To deal with this, Zubairi and Suriadi agreed that LSM's and AIDS observation organizations must be more active in providing information to the public on the details of the AIDS disease.

Dede Oetomo, who is active in the gay community, said LSM's must apply a strategy of "going after the ball" in providing AIDS information. According to Dede, such a

strategy has proved very effective in producing awareness to the danger of AIDS. He added that since 1991 his group has been successful in persuading prostitutes to leave their profession.

"About 30 percent of the prostitutes we have dealt with have changed their profession. Some of them have entered prostitute rehabilitation centers, and several have even joined us in providing information on the danger of AIDS in several districts," Dede said.

Kananto Sunarto noted that explanatory and informational activities are not easy. He said that it is not possible to expect a 100 percent change in behavior on the part of members of groups with high AIDS risks. At least, he said, if a person normally has intimate relations with many partners, that person should be persuaded to use condoms during relations.

Responding to that, Dede Oetomo said gays found it difficult to accept the condom campaign he conducted. Because of their minimal knowledge about AIDS, he said, they think condoms are used only for preventing pregnancy, although condoms are now the most effective means for preventing the spread of the HIV virus.

Advertising expert Yusca Ismail recommended that the AIDS campaign be conducted more strategically. He said people should not have closed minds or be hypocritical about AIDS.

Irwan Julianto said the "puritan" attitude of some people has its own part in keeping the press from revealing the sex problems that are beneath the surface and closely connected with the spread of AIDS. Whenever one of the media publishes an article about a gay leader, some readers immediately send letters of protest. Other readers, possibly secret gays, telephone or write for the address of the gay leader.

Yusca and Irwan agreed with the view Prof. Dr. Sarlito Wirawan Sarwono expressed last year to the Indonesian Family Planning Association that the double standard existing in society hinders the fight against AIDS. In every aspect of life, people tend to be inconsistent in the standards they follow. In official speeches, people hold sex to be taboo, but in daily life sex is very easy to obtain.

#### AIDS Deaths Reported in East Java

94WD0147A Jakarta *KOMPAS* in Indonesian  
6 Dec 93 p 17

[Excerpts] Surabaya (KOMPAS)—At least four of the 14 people suffering with AIDS in East Java died during the four years from 1989 to 1993. Of the 10 people still alive, two have disappeared from East Java. Both of them are prostitutes.

This was revealed to KOMPAS by Dr. Bambang Koesbandono, assistant regional secretary for East Java and member of the East Java Anti-AIDS Team, at his office on Saturday, 4 December.

During the four-year period, blood tests were conducted on 42,312 people deemed to be at high risk of contracting

the HIV virus. The groups tested included prostitutes working in specific districts, women entertainers, massage parlor employees, and drivers.

As a result, 1,889 people were declared positive for syphilis, and 10 people still alive were declared HIV positive. [passage omitted]

Most of the HIV victims found in Surabaya were prostitutes at Gang Dolly, Bangunrejo, Jarak, and Tandes. They originally came from various areas in East Java. Two came from Surabaya, two from Malang, and one each from Bojonegoro, Tulungagung, Blitar, Jember, and Pasuruan.

They have now been returned to their original homes but continue under the oversight of the Anti-AIDS Team.

"They are still under team monitoring and oversight. We are doing that because we do not want to take any risks. For that reason, we have set up coordination with local MUSPIKA [subdistrict leadership council] authorities so that the victims do not return to their previous professions. Therefore, their whereabouts and condition are being monitored continuously," he stated. [passage omitted]

According to Bambang Koesbandono, the AIDS fight so far has been conducted among the high-risk groups of prostitutes and drivers. As the work develops, however, it will touch other professions considered to have high risks of contracting or carrying HIV.

In the AIDS fight in East Java, the team is divided into four responsible working groups. The first is the KIE (communications, information, and education) working group. The second is the medical service group. The third is the epidemiology research group. The fourth is the rehabilitation working group.

According to Bambang Koesbandono, the involvement and greater concern of community self-help organizations (LSM's) and businessmen are very much needed in the AIDS fight. "The problem of rehabilitating AIDS victims also needs the attention of LSM's and businesses," he stated.

#### Health Minister Rules Out Campaign To Encourage Condom Use

BK2512100993 Jakarta *MERDEKA* in Indonesian  
14 Dec 93 pp 1, 11

[Excerpts] Jakarta, Monday [13 December]—Indonesia will not carry out an anti-AIDS campaign that encourages the use of condoms, as in Western countries, because this would be tantamount to legalizing free sex [preceding two words in English] and prostitution.

"As an Eastern country with our own culture, traditions, and strong religious upbringing, we will not employ such methods," Health Minister Suyudi told reporters after meeting with President Suharto at Bina Graha Palace on Monday, 13 December.

Criticism has recently been heard from ulemas, who question the methods of the anti-AIDS campaign and the recommendation that people who frequent service women

use condoms. They believe that such tactics are tantamount to legalizing prostitution. [passage omitted]

According to the minister, condoms should be used to prevent the spread of AIDS, but society only approves of this method being employed by people who are already infected with AIDS so that the disease will not be transmitted to others, such as their wives or spouses. [passage omitted]

## JAPAN

### Tokyo Mulling Contribution To Stem AIDS

OW0601110294 Tokyo KYODO in English  
1037 GMT 6 Jan 94

[Text] Tokyo, Jan. 6 KYODO—Japan is considering disbursing some 3 billion dollars by 2000 to help fight AIDS and the global population problem, a Foreign Ministry source said Thursday [6 January].

The contribution would be part of the Japan-U.S. trade framework's common agenda for global cooperation, the source said.

Tokyo is expected to finalize the amount by February and announce it when Prime Minister Morihiro Hosokawa and U.S. President Bill Clinton meet in Washington on February 11, he said.

The agenda for global cooperation under the trade framework, agreed between Japan and the U.S. in July, includes such issues as AIDS, population, the environment, technology and human resources.

Japan will also donate condoms to developing countries and give money for AIDS vaccine development and education programs, the source said.

Tokyo will disburse the money unilaterally and through multilateral organizations such as the World Health Organization (WHO), the source said.

Japan considers it very important to tackle the problems of AIDS and population, the source said, adding that the international conference on AIDS will be held in August in Yokohama and the U.N.- sponsored world population conference in Cairo in September.

U.S. State Department counselor Timothy Wirth, who heads the U.S. delegation in talks with Japan on global cooperation, has urged Japan to "dramatically" boost its overseas assistance to help stem the unsustainable growth of the global population.

Wirth said in a press conference in Tokyo last month that Japan's donations to global population programs pale beside those of the U.S., which allocated over 500 million dollars in its budget for fiscal 1993 ending March 31.

### Ministry To Help Developing Nations Fight AIDS

OW1401082294 Tokyo TOKYO SHIMBUN  
in Japanese 7 Jan 94 Morning Edition p 3

[Text] The Ministry of Foreign Affairs [MOF] made it clear on 6 January that Japan will provide developing countries with \$2-3 billion in Official Development Assistance (ODA) by the year 2000 to help them settle the issues of population growth, and coping with AIDS. Both Japan and the United States have taken up these issues for discussion as one of the aid projects to be implemented jointly by them in Japan-U.S. economic framework talks. Japan and the United States will cooperate with each other in the financial and medical technology areas to tackle the global issue of AIDS. The two nations are expected to reach a formal agreement on cooperation at the Japan-U.S. summit scheduled for 11 February.

As for specific ways to promote Japan-U.S. cooperation, the MOF is studying the possibility of 1) providing developing countries with contraceptive appliances, including condoms, in grants which are effective in keeping the population growth in check and preventing people from contracting AIDS in those countries and providing them with financial aid for the construction of factories to produce contraceptive devices; 2) promoting the construction of hospitals to revamp AIDS medical systems in those countries; 3) promoting an exchange of visits by researchers to promote research projects for fundamental treatment of AIDS. The United States and Japan will each share about \$500 million a year in the form of loans, grants, and technical cooperation.

A senior MOF official said: "We intend to initiate Japan-U.S. cooperation at the turn of the year 2000 and explore ways to stamp out AIDS and settle the issue of population growth." In a bid to obtain an understanding of developed countries and the rest of the industrialized nations about Japan-U.S. cooperation, Japan plans to explain how the two nations will cooperate to that end at the World Conference on Population and Development the United Nations will hold in Cairo this September.

In the Japan-U.S. economic framework talks, negotiators from the two countries have been discussing not only bilateral economic issues, including the issue of correcting trade imbalance, but also bilateral cooperation in high-tech and environment areas which include AIDS and the population issue. So far, Japan has provided aid to Thailand and Burma to help them prevent AIDS.

### More AIDS, HIV Cases Reported in November, December

OW2701131894 Tokyo KYODO in English  
1040 GMT 27 Jan 94

[Text] Tokyo, Jan. 27 KYODO—Japan had 54 new AIDS patients and HIV carriers during November and December, bringing the total for 1993 to 364, the Health and Welfare Ministry's aids surveillance committee said Thursday [27 January].

The bimonthly total was one less than the previous two month period and the annual total was 129 fewer than 1992's 493.

The ministry said the figures showed that Japanese men were an increasing proportion of the total, while the number of foreign women infected with the disease was on the decline.

Of the 54 new cases, 34 were men and 20 were women. Of the annual total, 208 were men and 156 were women.

The committee warned that although the annual total was less than in 1992, there are probably a large number of people who are HIV positive but have not been tested.

The figures exclude those infected with the disease via blood transfusions.

#### Ministry To Reveal Details of Screening of New Drugs

OW0701055394 Tokyo KYODO in English 0525 GMT  
7 Jan 94

[Text] Tokyo, Jan. 7 KYODO—The Health Ministry is to reveal how it examines and evaluates new medicines during screening, following a case in which 20 people died during clinical tests on a cancer drug, ministry sources said Friday [7 January].

The aim is to promote the proper use of new medicines, which under the present system can be distributed with a statement of only the authorized purpose and instructions for use, the sources said.

Pharmaceutical firms may not have provided sufficient information to medical organizations in the past, they said.

The ministry is expected to issue the first details on screening of new medicines in March and distribute them among medical associations and hospitals nationwide.

In addition to effects and safety of medicines, the ministry plans to tell doctors and pharmacists the basis on which the central pharmaceutical affairs council decides to authorize particular medicines, providing concrete data obtained through various checks.

The sources said disclosure last month of a case in which 20 people died during clinical testing of a new cancer drug has pressured the ministry to take the measures against harmful effects of medicines.

The case involved use of the drug irinotecan hydrochloride, which was found to have killed patients because of side effects such as diarrhea and decreased blood corpuscles.

## SOUTH KOREA

## Health Ministry Issues Nationwide Cholera Alert

SK1801075894 Seoul YONHAP in English 0650 GMT  
18 Jan 94

[Text] Seoul, Jan. 18 (YONHAP)—The Health and Social Affairs Ministry ordered quarantine stations on nationwide emergency duty Tuesday after more than a dozen tourists returning from Southeast Asia were found to be infected with cholera.

The ministry will track down travelers coming from the region and test them for cholera in an effort to prevent an outbreak of the disease, a spokesman said.

He said it has summoned heads of national quarantine stations and chiefs of city and provincial health departments to Seoul for a briefing on epidemic prevention Wednesday.

In the first 18 days of this year, 14 people were found to be infected with cholera after trips to Southeast Asia.

Travelers should drink only boiled water, and anyone with diarrhoea or vomiting who has recently been abroad should immediately report to a public health center for treatment.

## PHILIPPINES

## Program To Fight AIDS Noted

94WD0158 Kuala Lumpur BUSINESS TIMES  
in English 20 Dec 93 p 2

[Excerpts] [passage omitted] The Philippines has over 30 non-governmental organisations (NGOs) involved in AIDS work among various social groups.

[passage omitted] In 1979, the Kabalikat ng Pamilyang Pilipino Foundation was established to improve access to correct information and technologies in health. Initially, it carried out support activities in developing relevant education materials in primary healthcare.

In 1988, Kabalikat's involvement in AIDS work began. Together with the Research Institute for Tropical Medicine of the Department of Health, it began a pilot program on AIDS prevention.

This was directed at the female and male sex workers in Metro Manila. The program identified and developed education strategies to motivate sex workers to adopt safer sex practices.

Kabalikat also began doing outreach programs resulting in a 50 percent increase in the number of sex workers reached in a single community.

In 1991, the community-based AIDS prevention and care program for women, men, homeless youth and street children exploited, abused and in the sex trade was implemented and housed at the Kabalikat Drop-In Center.

Its primary objective was to prevent the spread of HIV in the Philippines and to encourage and sustain changes in behavior. The program provides for a drop-in center where

PWAs [expansion unkown] can feel safe to talk over their problems and work out plausible solutions.

Services were designed to enable them to begin planning their lives such as providing temporary shelter and nutrition, residential care for those who are ill and referrals for medical check-ups or hospital care.

It also provides peer educators training and counselling, access to networks and linkages with NGOs and alternative hospice for PWAs.

After a year, efforts were strengthened to include getting private companies or individuals to respond to the growing concern brought by AIDS and upgrading the knowledge, skills and practices of trained peer educators.

Some key strategies were developed in staff recruitment and preparation, a crucial component in the program. Those working with PWAs must have the right attitude and should not withhold information due to cultural or religious biases which may affect a PWA's chance to survive.

Another strategy is encouraging more sex workers to be trained as peer educators since peers in the same profession have been playing a key role in providing information and support.

The ultimate goal of Kabalikat is to gradually phase out its presence in five years, so that AIDS prevention and care programs are left in the hands of the community it served.

Another Filipino NGO - the ReachOut AIDS Education Foundation, comprises artists, actors, directors, filmmakers, writers and other concerned citizens who have banded together to stop the spread of HIV and AIDS.

It advocates non-discrimination on the basis of HIV status, gender, religion, race, sexual orientation, sex work, drug use or social status and is in solidarity with PWAs.

ReachOut has developed plays, documentaries, safer sex seminars and theatre workshops to get the message across. In response to the growing public clamour for greater involvement in the fight against AIDS, Friends of ReachOut was formed last May.

It is an independent private volunteer foundation providing moral, physical, financial and other support to the foundation. The AIDS Helpline, art and culture programs, a counselling and resource center and speakers bureau are examples of its support work.

## VIETNAM

### Two More HIV Cases Found in Haiphong

BK2501091894 Hanoi *Voice of Vietnam Network*  
in Vietnamese 1100 GMT 24 Jan 94

[Text] The Haiphong municipal committee for the prevention of AIDS reported that two more HIV positive cases were found by the municipal central hospital in early January. These two victims are local young men aged 24 and 37. One has venereal disease and the other is a drug addict.

Earlier, two foreigners who stayed in Haiphong about 15 to 20 days were found to have HIV. They were later requested to leave Vietnam.

### Encephalitis Incidence, Preventive Measures Reported

93WE0483A *Hanoi PHU NU VIETNAM*  
in Vietnamese 14 Jun 93 pp 1, 3

[Article by Nguyen Viet Tien: "Sounding Alarm on Encephalitis Among Children"]

[Excerpt] [passage omitted] When I arrived at the Swedish Children's Hospital in Hanoi in June 1993 the number of infantile encephalitis cases had reached an alarming level. The hospital's contagious diseases ward had only 50 beds but there were 150 children who had the disease. Infantile encephalitis cases there filled the emergency room and the treatment rooms on the second floor. Even doubling up in beds was insufficient and the patients had to lay scattered about in the corridors. According to statistics, from 1 May to 8 June alone 294 children with encephalitis had to enter the hospital (between 1 June and 9 June there were 110 additional child patients). In terms of specific regional distribution, between 20 May and 1 June, of the total of 187 patients 54 were from Ha Tay, 38 were from Hai Hung, 27 were from Hanoi, 20 were from Nam Ha, 25 were from Ha Bac, 18 were from Vinh Phu, three were from Ninh Binh, one was from Bac Thai, and one was from Lao Cai. Thus most of the patients were concentrated in the Red River Delta, in the districts bordering the river. At the high point, the infectious disease department had to give emergency treatment to 20 cases. The average was seven or eight cases a day. At present the infectious diseases department of the Swedish Children's Hospital in Hanoi is practically the only central-level unit receiving and treating patients with that disease brought in from the provinces. Meanwhile, some provincial hospitals capable of treating them still send patients directly to the central level.

When I inquired I learned that the best method of preventing Japanese Encephalitis B in children is to inoculate them with anti-encephalitis vaccine. The current price of a dose of vaccine in Japan is 6 USD. Vietnam also produces the vaccine, but in quantities insufficient to inoculate all children in the age group most susceptible to the disease, but only to carry out some trial inoculations in Ha Bac and Hanoi. To carry out a large-scale nationwide disease-prevention vaccination program for children, five to six million doses (costing about 30 million dollars) will be needed. At present the state is making all-out efforts to expand production of that vaccine, but it is still encountering many difficulties with regard to economic and material conditions. A question that has been posed is that although research on that disease has been carried out since 1960 there is still insufficient disease-prevention vaccine for children. Is that a case of difficulties preventing taking the wise course? The state must make timely investment of the initial capital needed to produce encephalitis B vaccine. Then there will be a return of capital by collecting money for the disease-prevention vaccine according to the

number of children who are inoculated, because if parents encounter difficulties they will not hesitate once they realize that inoculating children is necessary, in order not to regret it all their lives if their children suffer the misfortune of contracting that dangerous disease.

The second preventive measure is promoting the task of environmental sanitation and regularly spraying insecticides to eradicate mosquitoes. Another question that has been posed vis-a-vis the various kinds of livestock pens scattered out among families in rural areas, which are fertile ground for all kinds of mosquitoes, is where to get the money to buy insecticides to spray. Thus at present there are no capabilities to carry out those two preventive measures on a large scale and extensively. A final preventive method is to strengthen the emergency capabilities and improve treatment at the hospitals to lower the mortality rate and prevent the aftereffects. Because Japanese Encephalitis B is concentrated primarily in the rural areas, when patients are taken for emergency treatment at the district level the province usually sends them directly to the central level. When most of the family members have the disease the children are sent directly to Hanoi. When the province is too far away a considerable number of children experience respiratory problems but are not given emergency treatment in time because the medical installations at the district level do not have sufficient emergency treatment facilities and capabilities.

The state and the echelons and sectors should carry out studies and provide the lower-echelon medical installations with sufficient capabilities to give emergency treatment on the spot. In the event that patients must be sent to the next echelon, they must be transported in ambulances with medical attendants and emergency treatment equipment. Sick children should not be transported by stretchers or by cyclos or motorbicycles. Hospitals at the provincial level, where there are sufficient facilities, must fully utilize their capabilities to retain patients for treatment. The provincial doctors and hospital cadres must go to the villages to study the epidemic situation and encourage the families to go to the nearest hospital for treatment. I asked some families of patients undergoing treatment at the Swedish Children Hospital and learned that they do not have confidence in the provincial hospitals because in the past there was a very high mortality rate among children who contracted the disease and were taken to the hospitals for emergency treatment. Therefore, no matter how difficult, they took their children to the central hospital for treatment so that they could be more at ease. But because of that subjectivity many children weaken and die en route to the hospital. Summer is the peak season of the epidemic. Concern on the part of the sectors and echelons in working urgently and promptly will contribute to stopping that dangerous disease and bring about well-being for all children and families.

### Vo Van Kiet Writes on National Vaccination Campaign

*BK2012135193 Hanoi Vietnam Television Network in Vietnamese 1215 GMT 17 Dec 93*

[Text] In its 17 December issue, NHAN DAN carries an appeal by Prime Minister Vo Van Kiet at a ceremony to launch a national vaccination campaign against polio and tetanus for children. The appeal says that the child vaccination work is a very important part of our activities for the protection and care of our people's health.

After reviewing vaccination activities in the past five years, the appeal continues:

On behalf of the government, I heartily welcome the governments at all levels, people in the entire country, ministries, and mass organizations—especially the public health sector, the Vietnam Women's Union, and the Red Cross Society—for their great efforts in carrying out this significant campaign. I thank all international organizations and foreign governments, especially UNICEF and WHO, for their efficient assistance in this national program.

This campaign is not carried out on a large scale, but it also has a special importance to ensure good health for our young generations who will bear the responsibility of bringing beauty to our country and happiness to our people. In that meaning, the elimination of polio and tetanus in infants and the prevention of blindness in children should be carried out thoroughly with the best quality.

I urge the patriots in the entire country, especially mothers living in mountainous and isolated areas, to actively take part in this campaign by giving their children the full course of vaccination. This is not only a sentimental action, but also an obligation of every family to their children. We will be resolute in not letting our children become disabled for life because of our lack of care. The government at all levels must heighten its responsibility in providing health care to the people and directly supervise this vaccination campaign. The public health sector is carrying the main responsibility in providing speciality equipment to ensure the success of this campaign with good quality and results.

I suggest that the Vietnam Women's Union, the Ho Chi Minh Communist Youth Union, the Red Cross Society, the Peasants Association, the Vietnam General Federation of Trade Unions, and other organizations actively encourage mothers to give vaccinations to their children. The mass media agencies will widely propagandize so that everybody can understand and enthusiastically partake in this campaign. I suggest that national and international organizations, especially UNICEF and WHO, continue providing assistance to the annual vaccination campaign for Vietnamese children's health and for Vietnamese people's happiness.

## BOSNIA-HERZEGOVINA

### New Outbreaks of Hepatitis, Enterocolitis Occur in Sarajevo

*AU1001130894 Sarajevo Radio Bosnia-Herzegovina Network in Serbo-Croatian 1300 GMT 11 Jan 94*

[Text] The number of infectious diseases is increasing in all regions of Bosnia-Herzegovina. In Sarajevo alone, 30 new cases of infectious hepatitis and 26 cases of enterocolitis have been registered in the past week.

### New Cases of Hepatitis, Enterocolitis Reported in Sarajevo

*AU2001162794 Sarajevo Radio Bosnia-Herzegovina Network in Serbo-Croatian 1400 GMT 20 Jan 94*

[Text] According to information collected today from the areas of Maglaj, Zavidovici, Celic, Mostar, and Sarajevo, nine people have been killed and 50 have been wounded in the past 24 hours. The situation with the supply of food, medicine, dressings, fuel, winter clothing and shoes is extremely serious in the areas of Maglaj, Tesanj, Zavidovici, and the free territories of Teslic and Doboij.

The hygienic-epidemiologic situation in all regions in the Republic of Bosnia-Herzegovina remains unfavorable. In the past week alone, 69 cases of infectious hepatitis and 34 cases of enterocolitis have been registered in Sarajevo.

### UN Says 'Chetniks' Refused To Allow Gorazde Convoy Through

*AU0301115894*

[Editorial Report] Sarajevo Radio Bosnia-Herzegovina Network in Serbo-Croatian at 1100 GMT on 3 January carries within its regular 15-minute newscast several reports on the combat situation in the republic. [passage omitted]

Gorazde correspondent Enes Musovic reports that "according to the information received from the UNHCR [UN High Commissioner for Refugees], a relief convoy has again been sent back (?to) Medjedja, because the Chetniks from Rogatica did not allow the convoy and the UN escort to pass through. The humanitarian situation is becoming even more complicated and general starvation is threatening the population and refugees in Gorazde. The situation is also grave in the medical center (?and the local) hospital, because there is no medicine."

### Central Sarajevo Reported Without Water

*AU1201100594 Sarajevo Radio Bosnia-Herzegovina Network in Serbo-Croatian 0900 GMT 12 Jan 94*

[Excerpts] We have received a report from the waterworks' information service informing the population that there are still problems in supplying the capital with water. The reasons for this are primarily the great number of malfunctions in the city's water network, and the current restricted electricity supply, the report says. Owing to one malfunction in the water network, the central parts of the city, from Marijin Dvor to Bascarsija, will not have water. The state

hospital will also be without water today. No water is coming from the Jahorina springs, but the Pivara spring is operational and water can be obtained at the usual sites. Citizens are warned that the water from the Bacevo spring is not chlorinated. [passage omitted]

Ten megawatts of electricity are reaching Sarajevo. Today, Elektroprenos crews will try to go out into the field in order to begin repairs on the Reljevo-Buca Potok long-distance transmission line, reports the Elektroprenos Public Liaison Office.

## ROMANIA

### Largest Number of HIV Positive Children Under Three

*AU0901143794 Bucharest TINERETUL LIBER in Romanian 30 Dec 93 p 3*

[MEDIAFAX note: "The Largest Number of AIDS Cases Are Reported Among Children Under Three"]

[Text] The Romanian AIDS Association has published statistics on new AIDS cases that it has registered. The geographic areas with the most cases of persons who are carriers of the HIV virus were in 1991 Bucharest (25 adults and 42 children), while in 1992 Vilcea (59 persons). In 1991, the largest number of new AIDS cases occurred in the age group under three (188), while in 1992, the maximal number of new cases for children was 79 and refers to the group aged over three. Possible unofficial statistics revealing the highest hazard to catch the disease would place the Grigore Alexandrescu hospital [in Bucharest] at the top of the list. It is remarkable that the largest part of AIDS cases among children consists of males, the reason being that during the first years of their lives, boys are ill more often than girls and, therefore, have to go to the hospital and be treated under insecure circumstances. Among the adults, the majority of AIDS cases consists of female patients.

## SLOVAKIA

### East Slovakia Copes With Hepatitis Epidemic

*94P201904 Kosice SLOVENSKY VYCHOD in Slovak 22 Dec 93 p 1*

[Article by SV-jk: "More Than 520 Patients in Quarantine: Fight Against the Yellow Sickness Continues"]

[Text] The efforts of the Kosice health-care authorities to stop the spread of viral hepatitis continue. Up until yesterday morning, the number of hospitalized patients had reached 506, including 105 children. In the past 24 hours, there were 33 cases, among them seven children. Then yesterday, 15 more infected adults were admitted to hospitals.

According to the information provided by Dr. Martin Haber, the State Public Health Officer for Kosice, beginning last night, a temporary pediatric clinic, located in the dormitory of the Health Care Middle School on Povazska Street, began to admit its first patients. An emergency commission, under the chairmanship of Dr. Karol Masik,

head of the District Office of Metropolitar Kosice, met for its first session yesterday and decided on additional measures for controlling the spread of the infection. Securing more hospital space is being considered. If necessary, 50 beds will be provided by the Military Hospital, and, in the case of a real emergency, additional beds will be ready in the Railroad Employees Hospital. It appears that in the past three days the epidemic has begun to level off.

### Secondary Hepatitis Infection Wave Anticipated in Kosice

*AU0301144894 Prague CTK in English 1430 GMT 30 Dec 93*

[Text] Bratislava Dec 30 (CTK)—In the last 24 hours, only two hepatitis patients were brought into the hospital in Kosice, East Slovakia, Andrej Bilyk from the Kosice Institute of Hygiene and Epidemiology told CTK today.

The total number of hepatitis cases since the start of the epidemic is 601, of which 133 are children. The number of people sent home after successful treatment is rising.

However, another wave of secondary infection is expected to take place at the end of the year and the beginning of January.

In Kosice, the ban on organised events in restaurants, including New Year's Eve celebrations, still stands.

Hepatitis broke out in Kosice in the week beginning December 6, when 98 cases were recorded. On December 15 the restaurant ban was instituted and all elementary and secondary schools were closed.

## YUGOSLAVIA

### Typhoid Fever Breaks Out From Polluted Water

*AU1801212294 Tirana TVSH Television Network in Albanian 1900 GMT 18 Jan 94*

[Text] Typhoid fever is now breaking out in several communes of the republic of Kosova, like the epidemics of jaundice and measles some time ago.

Tests carried out by the Kosova Epidemiological Enterprise confirm that these diseases have appeared as a result of drinking polluted water.

Reports state that in the Shtime commune some 20 people suffering from typhoid fever have sought medical advice.

### Typhoid Epidemic Reported in Stimlje

*LD2101132994 Belgrade TANJUG Domestic Service in Serbo-Croatian 1236 GMT 21 Jan 94*

[Excerpts] Pristina, 21 Jan (TANJUG)—The typhoid epidemic that was discovered in Stimlje last week is still spreading, Komnen Tmusic, director of the Institute for Health Protection in Pristina, has warned. [passage omitted]

So far 23 people, mainly employees of the special institute and Magistrala company have become ill, as well as two (more?) people from Stimlje, whose houses are in the vicinity of the institute. [passage omitted]

### Typhoid Fever Spreads Through Province; 27 Hospitalized

*AU2301185994 Tirana TVSH Television Network in Albanian 1900 GMT 22 Jan 94*

[Text] The latest reports from Prishtina confirm that the number of people infected with typhoid fever has increased in Kosova. Twenty-seven patients, most of them from Shtimje commune, have been hospitalized for treatment in the Infectious Clinic of the Kosova Medical Faculty.

Meanwhile, the newspaper BUJKU has reported that typhoid fever is spreading in the communes of Ferizaj and Glogovc. It is doubted that the number of sick is greater than the cases evidenced by the Epidemiologic Enterprise in Kosova. Even though the cause of this typhoid fever outbreak has still not been found, the enterprise specialists have suggested that this disease was brought on by drinking polluted water.

### Number of Patients With Typhoid Fever 'Growing Daily'

*AU2501190494 Belgrade BORBA in Serbo-Croatian 25 Jan 94 p 23*

[M. Antic report: "Number of Persons Fallen Ill Growing"]

[Text] Pristina—The number of persons fallen ill with typhoid fever [trebusni tifus] in Stimlje in Kosovo-Metohija is growing daily. The number of diseased yesterday climbed to 28 and, according to Dr. Komnen Tmusic, director of the Institute for Protection of Health, we should expect a further increase in the number of patients in the coming days as it has transpired that the incubation period lasts longer than the usual two to three weeks. It appears that the incubation period in this case can even last up to 42 days, since the first persons to have fallen ill appeared at the beginning of December.

The life of none of the patients is endangered for the time being as they have received the necessary medical assistance. The source of the epidemic (a well in the Center for the Mentally Retarded in Stimlje) has also been sanitized. The employees and protegees of this center are now receiving water from water tankers. The physicians warn that the residents of Stimlje should avoid contacts with the families of persons who have fallen ill.

Yesterday, Dr. Tmusic warned that the epidemiologic situation in the province, especially in larger settlements, is very grave. Because of dirt in the towns and heaps of rubbish that nobody clears away in Pristina and in other towns, the number of rats has increased, as well as the number of stray dogs, among which some are also infected with rabies. He said that municipal governments and incumbent organs have been informed of all this, but that for the time being nobody is doing anything.

**Pristina Health Official: 30 'Epidemics' Reported in 1993**

*AU0301120294 Tirana ATA in English  
1110 GMT 3 Jan 94*

[Text] Tirana, January 3 (ATA)—Covering the grave situation of health service in Kosova, the Serbian daily published in Pristina, JEDINSTVO, carries in one of its latest issues the statement of the Serbian director of the Institution of Health Protection in Pristina, Komnen Tmushic [name as received], which says that the situation of health in Kosova has been deteriorating seriously during the past two years, a truth which is now common knowledge to all. Without mentioning the mass dismissals of Albanian staff from the hospitals of Kosova, Mr. Tmushic admits that 30 epidemics, 8 contagious diseases with 18,836 patients and over 200 cases of death have been registered in Kosova during 1993.

He also confirms that these statistics are incomplete. Many patients stay at home and their number is much greater. According to Mr. Tmushic, it may be five times as much.

**Health Situation of Albanians Reported To 'Deteriorate'**

*AU1301110694 Tirana TVSH Television Network in Albanian 1900 GMT 12 Jan 94*

[Text] **Announcer:** Since the time when health institutions were usurped by the Serbian regime, the health situation of the Albanian population in Kosova has been continuously deteriorating. Regarding the way health protection functions under the conditions of occupation, let us follow the report by correspondent Ramadan Mucolli:

**Mucolli:** Those few studies that have so far been carried out regarding the health situation in the Republic of Kosova have given distressing results. In several areas of the republic, the New Researchers Association has registered a great number of people sick with tuberculosis, jaundice, scabies, and other deficiency diseases.

A global reflection of the people's health situation is done even in some other cases, but very little has been done to cure the sick, and even less to eliminate the causes of these diseases. A bit more organized work has been done in schools, where several actions have been undertaken to cure pupils sick with scabies and to eliminate lice.

However, the organization of such actions from one case to another does not mean that an independent health system has been created in the Republic of Kosova. The establishment of outpatient clinics for the poorest strata of the population presently serves only as a cover for the health organizations and associations. Even today, these associations have no draft program at all for setting up and creating health institutions to cure serious, chronic, and acute diseases.

With more consistent work, setting up such institutions is not an unrealizable project. Furnishing them with equipment and supplying with herbs and necessary items can be done with the help of international humanitarian associations and organizations, which are ever more present in Kosova. However, to set up these institutions, it is necessary to manifest a more serious approach and commit oneself right away, without improvisations and baseless justifications.

## REGIONAL AFFAIRS

## Regional Health Report Through 31 December

PA0101004494

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments monitored through 31 December. Source is cited in parentheses following each item.

## Colombia

Risaralda Department health authorities are on alert following an outbreak of 74 possible cases of dengue, of which 10 percent are confirmed and the remainder are under study. These are the first cases reported in Risaralda Department since 1991. (Santa Fe de Bogota Inravision Television Cadena 1 in Spanish 1730 GMT 30 Dec 93)

## Ecuador

Local sanitation officials reported on 29 December the deaths of nine minors in the past few days in a new outbreak of cholera in Esmeraldas Province. The deaths took place in Tochigue, San Jose de Chamaga, and Tabiaso. These additions are in addition to 100 other persons who are infected. The outbreak is blamed on water supply deficiencies. (Madrid EFE in Spanish 1526 GMT 29 Dec 93)

## El Salvador

Authorities have reported that the advance of cholera has produced five deaths up to 30 December. The special cholera unit in Rosales Hospital in San Salvador handles an average of 45 cases of infected persons each day and is already saturated. (San Salvador Canal Doce Television in Spanish 0300 GMT 31 Dec 93)

## Guatemala

The municipal secretary in Dolores, Peten Department, reported on 28 December that there has been a new cholera outbreak and it has caused one death among the 200 persons infected. According to official reports, 570 persons have died of cholera and 50,000 have been infected. (Panama City ACAN in Spanish 1704 GMT 28 Dec 93)

## Nicaragua

A Health Ministry report indicates that the cholera toll during 1993 has been 6,600 persons infected and 220 deaths. Cholera first appeared in Managua in 1991 and spread to poor neighborhoods and peasant communities lacking potable water. During 1992 there were 3,067 cases and 42 deaths. (Hamburg DPA in Spanish 1518 GMT 30 Dec 93)

## Panama

Health Minister Guillermo Rolla Pimentel reported an outbreak of whooping cough in Calovebora, Veraguas Province. According to the latest census figures there are 553,800 children under the age of nine and over 50 percent of them are undernourished, which is one of the root causes of whooping cough, added to a refusal by parents to

allow them to be vaccinated. (Panama City EL PANAMA AMERICA in Spanish 29 Dec 93 p 2a)

Health authorities reported 11 cases of dengue and 480 cases of malaria during 1993. The number of malaria cases dropped from 716 cases reported in 1992. (Panama City EL SIGLO in Spanish 31 Dec 93 p 12)

## Peru

San Martin regional health authorities have reported 226 cases of dengue in Tarapoto, of which one is of the hemorrhagic variety. (Lima Radio Programas del Peru Network in Spanish 1800 GMT 29 Dec 93)

## Regional Health Report Through 24 December

PA2412232893

[Editorial Report] The following is a compilation of reports on regional health issues and developments in epidemiology monitored by Panama Bureau through 24 December; source follows in parentheses after each item.

## Colombia

Luis Eliseo Velasquez, national deputy health director of the Social Security Institute, has reported that official statistics indicate that between three and four cases of AIDS are registered each day in Colombia. He added that there are 120,000 individuals who are infected, 11,000 have contracted the disease, and 109 are asymptomatic. (Santa Fe de Bogota EL NUEVO SIGLO in Spanish 16 Dec 93 p 13a)

## Costa Rica

Health authorities warned on 20 December of an increase in anemia among middle- and low-income segments of the public due to poor eating habits and deficiencies in iron. The Health Ministry reported that 22 percent of patients who underwent blood tests for one reason or another suffer from anemia. Children under 15 and pregnant women are the prime victims. (Panama City ACAN in Spanish 1741 GMT 20 Dec 93)

An average of six people die of cancer, the second leading cause of death, each day in Costa Rica; circulatory ailments are the leading cause of death. (San Jose LA NACION in Spanish 19 Dec 93 p 6a)

## Cuba

Dr. Manuel Santin, national hygiene and epidemiology director, has reported during a news conference that healthy HIV carriers in Cuba will receive treatment on an ambulatory basis instead of at hospitals, as has been the case so far. The official added that this is not due to the economic problems Cuba is facing, rather, an upgrading of treatment for health carriers. Health officials have reported that Cuba has registered so far 984 HIV carriers, of which 147 have died and 84 are showing symptoms. (Havana PRENSA LATINA in Spanish 0635 GMT 19 Dec 93)

## Guatemala

Dr. Jaquelin Gonzalez Maza, director of the health center in Dolores Municipality, Peten Department, said

on 21 December that 200 cases of cholera were reported there. (Guatemala City PRENSA LIBRE in Spanish 22 Dec 93 p 20)

Dr. Carlos Raul Chinchilla, health director of Quetzaltenango Department, has reported that 27 people out of 448 cholera cases died between 14 November and 15 December in that department. (Guatemala City PRENSA LIBRE in Spanish 17 Dec 93 p 28)

#### Honduras

Health Ministry officials reported on 21 December that cholera has claimed 100 dead so far in 1993. They added that 3,880 people, mostly males, sought treatment for the disease and that one-third of them came from southern Honduras. Alirio Cruz, coordinator of the anti-cholera campaign, has said that there are only two affected areas, Atlantida and Colon Departments. (Hamburg DPA in Spanish 2100 GMT 21 Dec 93)

The Health Ministry has reported that 118 people have died of cholera in Honduras so far, and 100 were registered in 1993. It added that 3,880 cases were reported this year, 407 in 1992, and 17 in 1991, when the disease arrived in Honduras. (Tegucigalpa EL HERALDO in Spanish 21 Dec 93 p 2)

#### Nicaragua

The Health Ministry has decreed a state of emergency in Niquinohomo Municipality, southeastern Nicaragua, in Masaya Department to control a cholera outbreak that has claimed two dead and 20 infected. Official figures indicate that more than 212 Nicaraguans have died of cholera, and about 7,000 cases have been reported throughout the country this year. The outbreak in Niquinohomo was caused by food contamination. (Mexico City NOTIMEX in Spanish 2121 GMT 20 Dec 93)

#### Panama

Concerning whooping cough, the Health Ministry has reported that there were two cases in Bocas del Toro Province and one in Chiriqui Province between 5 and 11 December. It has also reported a case of meningococcal disease in Nuevo San Juan, Colon Province. (Panama City EL SIGLO in Spanish 20 Dec 93 p 30)

The Health Ministry has reported that Panama ranks 19th in the world in AIDS cases. An official has said that Panama has a ratio of 535 cases for every 1 million inhabitants and has about 10,000 HIV carriers. (Panama City EL SIGLO in Spanish 23 Dec 93 p 10)

Dr. Esteban Lopez, director of the state-run Children's Hospital, reported on 24 December that AIDS is among the scourges that affected children the most in 1993. He added that two cases were registered among infants in 1989, six in 1991, 12 in 1992, and 18 in 1993. (Paris AFP in Spanish 1711 GMT 24 Dec 93)

#### Regional Health Report Through 7 January

PA0901180794

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments

monitored by Panama Bureau through 7 January; source follows in parentheses after each item.

#### Ecuador

Medical brigades were dispatched to the southern region bordering Peru to control an outbreak of hemorrhagic dengue. A "yellow alert" was declared in four provinces in the Pacific Coast; in addition, an outbreak of cholera has caused 10 deaths during the past three weeks. A total of 1,494 cases of cholera and 10 deaths were registered in 1993. Health Minister Patricio Abad has said the danger of an epidemic of hemorrhagic dengue is "very serious." He said that there were 5,517 cases of "classic" dengue in 1993, which, "however high, shows a 30 percent reduction compared to 1992." (Hamburg DPA in Spanish 1746 GMT 4 Jan 94)

#### El Salvador

The Health Ministry reported on 6 January that approximately 2,500 cases of cholera have been reported during the past 12 days, of which 24 have died, in what is viewed as the worst outbreak since the disease was detected in the country in 1991. A total of 112 Salvadorans have died from cholera so far. (Panama City ACAN in Spanish 0307 GMT 7 Jan 94)

#### Guatemala

It was reported that the number of confirmed cases of cholera up to 11 December 1993 was 6,691—which practically doubled the number of cases in 1992. The number of deaths from this disease was 303, 75 more than in 1992; in addition, 1,002 AIDS cases were reported up to October 1993. (Mexico City NOTIMEX in Spanish 2128 GMT 1 Jan 94)

#### Honduras

Cholera has killed 101 Hondurans out of 3,884 cases reported in 1993, a Health Ministry official reported on 2 January. Since the first case was detected in 1991, some 4,300 cases have been registered. (Panama City ACAN in Spanish 1722 GMT 2 Jan 94)

The Health Ministry has reported that 71 cases of cholera have been registered in 1994, mainly in the northern region. A total of 58 cases were reported in the Department of Cortes, five in Yoro, six in Atlantida, one in Olancho, and one in Roatan, Bahia Islands; this totals 4,379 cases, of which 119 have died. (Tegucigalpa EL PERIODICO DE HONDURAS in Spanish 6 Jan 94 p 11)

The Health Ministry reported on 6 January that 835 new cases of AIDS were registered in 1993, adding that the total number of cases increased to 3,232, of which 768 have died. The breakdown by year is: 1986—13; 1987—103; 1988—189; 1989—256; 1990—597; 1991—500; 1992—735; and 1993—835. The city in which most victims were reported is San Pedro Sula, with 1,301, followed by Tegucigalpa, with 472. (Mexico City NOTIMEX in Spanish 1917 GMT 6 Jan 94)

**Nicaragua**

Epidemiology Director Carlos Rodriguez has reported that there were 6,631 cases of cholera and 220 deaths from this disease in 1993, compared to 43 deaths in 1992. He said that there were 3,040 cases in 1992, and one case in 1991. The first case of cholera reported in 1994 was that of a 9-year old girl, in Managua. The areas with a higher incidence are Chinandega, Leon, Matagalpa, Rivas, Granada, and Tipitapa. (Managua BARRICADA in Spanish 5 Jan 94 p 3)

**Panama Health Ministry officials have reported that since 1984 to 31 December 1993, 606 AIDS cases have been registered, of which 513 are males, and 93 females. The report added that the number of deaths from this disease totals 352, and the number of carriers 10,000.** (Panama City EL SIGLO in Spanish 6 Jan 94, p 42)

Health Minister Guillermo Rolla Pimentel has reported that in 1993 there were 300 more cases of tuberculosis than in 1992. He also reported a reduction in the cases of dengue, cholera, and measles. (Panama City EL PANAMA AMERICA in Spanish 6 Jan 94 p 5A)

A Health Ministry official has reported that approximately 481 cases of malaria were registered in the country in 1993, a reduction of 33 percent compared to 1992. (Panama City LA PRENSA in Spanish 6 Jan 94 p 7A)

**Peru**

In a press note, the Health Ministry reported 270 cases of dengue in Tarapoto. (Lima Radio Programas del Peru Network in Spanish 1800 GMT 3 Jan 94)

According to the World Health Organization, WHO, Peru is one of the three Latin American countries with the highest incidence of tuberculosis. According to WHO statistics, 250 out of every 100,000 Peruvians caught the disease in 1990. (Mexico City NOTIMEX in Spanish 2145 GMT 4 Jan 94)

Health authorities reported on 6 January that at least seven people have died and 99 cases of cholera were confirmed during the past few weeks. An outbreak was detected in Huancabamba Province, 1,300 km northeast of Lima. (Paris AFP in Spanish 1621 GMT 6 Jan 94)

**Venezuela**

Blood tests on Yanomami Indians in the Alto Caura Region have detected the presence of the hepatitis B virus in the Sanemas tribe. Health Ministry experts collected blood samples. (Caracas EL NACIONAL in Spanish 4 Jan 94 p C-2)

According to unofficial reports, approximately 15 children from the Warao Indian tribe have died, presumably from cholera, in Antonio Diaz Department. (Caracas EL UNIVERSAL in Spanish 7 Jan 94, p 2-8)

**Regional Health Report Through 14 January**

PA1601014994

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments

monitored by Panama Bureau through 14 January; source follows in parentheses after each item.

**Colombia**

The Colombian Health Ministry has alerted the towns bordering Ecuador of the presence of cholera in Ecuador. In Port Esmeraldas, Ecuador, 100 people have the disease, and 10 have died already. It has also been reported that every hour one Colombian becomes sick with hepatitis B. (Santa Fe de Bogota Inravision Television Cadena 1 in Spanish 0000 GMT 15 Jan 94)

**Costa Rica**

Alberto Lostalo, the health director of Puntarenas, has reported that at the end of December 36 people acquired dengue in Puntarenas Province, and during the first week of January 40 people have already acquired the disease. Deputy Health Minister Emilia Leon has said there is no confirmation of these reports, because no laboratory tests have been conducted on these patients. (San Jose LA REPUBLICA in Spanish 6 Jan 94 p 5A)

**Ecuador**

At least 20 Ecuadoreans have died in recent weeks as a result of a new outbreak of cholera. Health Minister Patricio Abad has reported. Twelve have died in Esmeraldas Province, bordering Colombia. (Madrid EFE in Spanish 1731 GMT 13 Jan 94)

**El Salvador**

Regional health directors confirmed on 10 January that cholera is diminishing at the national level and that the main cause of past outbreaks has been the consumption of certain vegetables. (San Salvador EL DIARIO DE HOY in Spanish 11 Jan 94 pp 4, 31)

**Honduras**

Twenty-four people were bitten by rabid dogs in Choluteca Department during the first six days of 1994. The Natural Resources Secretariat has confirmed all the cases. (Tegucigalpa LA TRIBUNA in Spanish 7 Jan 94 p 61)

Sources of the Public Health and Social Aid Ministry reported on 12 January that the number of AIDS cases increased by 5 percent in 1993, amounting to 3,285. Since AIDS was detected in Honduras in 1985, 773 people have died. There are approximately 500 affected people whose whereabouts are unknown. It is estimated that approximately 80,000 people carry the virus but are asymptomatic. (Panama City ACAN in Spanish 1609 GMT 12 Jan 94)

**Mexico**

Official sources have said that health authorities are stepping up sanitary measures after at least 27 people displaced by the Chiapas conflict were infected with malaria. Health Secretariat official Luis Barragan Cruz has told members of 500 Indian families to boil water before using it. (Mexico City NOTIMEX in Spanish 0331 GMT 14 Jan 94)

### Nicaragua

Health authorities have reported that five people from Chinandega have been infected with AIDS. Of these, three have died and the other two are under the Health Ministry's care. (Managua LA PRENSA in Spanish 7 Jan 94 p 8)

Since the arrival of cholera in July 1991, 1,149 people died and 82,858 were infected in Central America. Only Costa Rica and Belize have reported zero cholera-related deaths. In Nicaragua, one person died and 50 were infected so far in 1994. Salvadoran health authorities have reported that 24 people died and 2,000 were infected with cholera during the last two weeks. Honduras reported 70 cases in the first days of 1994. (Panama City ACAN in Spanish 1549 GMT 9 Jan 94)

Dr. Sonia Dona has reported that five people died of cholera in Cruz de Rio Grande since October 1993 in the southern Atlantica region and that 73 cases have been detected. (Managua EL NUEVO DIARIO in Spanish 10 Jan 94 p 8)

Local medical sources have reported that approximately 250 people are infected with AIDS in Chinandega, which is visited by many Salvadoran, Guatemalan, and Honduran tourists. (Managua LA PRENSA in Spanish 13 Jan 94 p 2)

### Regional Health Report Through 21 January

PA201140094

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments monitored by Panama Bureau through 21 January; source follows in parentheses after each item.

### Colombia

Colombian Health Minister Luis Londono de la Cuesta has alerted towns along the Ecuadorian border that an outbreak of cholera has been reported in Esmeraldas Province, Ecuador. One hundred cases and 11 deaths have been reported in Esmeraldas. (Santa Fe de Bogota EL NUEVO SIGLO in Spanish 16 Jan 94 p 8)

The Colombian Agriculture and Livestock Institute has placed certain zones in Santander Department under quarantine given recent outbreaks of type "O" and "A" hoof-and-mouth disease. More than 16,000 heads of cattle are infected in Cimitarra, San Vicente de Chucuri, Guaca, Sabana de Torres, Malaga, Mesa de los Santos, Florian, and Velez, and approximately 8,000 heads of cattle run the risk of catching the disease. (Havana PRENSA LATINA in Spanish 0129 GMT 17 Jan 94)

AIDS has reached epidemic proportions in Cali, where 1,283 cases have been reported since it first appeared in 1983. (Santa Fe de Bogota Inravision Television Cadena 1 in Spanish 0130 GMT 17 Jan 94)

### Costa Rica

Dengue has infected 7,692 people since it was first reported in October. Puntarenas has reported 5,000 cases, Guanacaste 2,681 cases, and the metropolitan area 11 cases. These figures are based on information gathered by LA NACION. The Health Ministry is unable to give a total

figure, because it has not counted new cases since 20 December. The ministry's last total counted 4,200 cases. Deputy Health Minister Emilia Leon says the ministry will intervene directly in Puntarenas to confirm cases. Meanwhile, press interviews with Alberto Lostalo, director of the Puntarenas Health Center, will be limited. (San Jose LA NACION in Spanish 7 Jan 94 p 8A)

Costa Rican health authorities will intensify a campaign against malaria and dengue on the Atlantic and Pacific coasts. It was reported that 196 malaria cases have been detected on the Pacific coast during the first 15 days of January. More than 5,000 dengue cases have been reported in Puntarenas and Guanacaste since October. (Mexico City NOTIMEX in Spanish 1623 GMT 15 Jan 94)

Official sources report that cases of malaria have increased along the Atlantic coast, with 216 cases reported between December 1993 and January 1994. Three thousand cases were reported in 1993. Limon is the Atlantic coast city most infected with malaria. (Mexico City NOTIMEX in Spanish 1625 GMT 19 Jan 94)

### Ecuador

Four more people died of cholera in Loja this week, raising the death toll to 24 so far this year. Health Minister Patricio Abad had previously reported a cholera outbreak that caused 20 deaths. Twelve people, mostly children, died weeks ago in Esmeraldas Province, located on the Pacific, along the Colombian border. The others died in Imbabura, Chimborazo, and Loja Provinces. The World Health Organization has reported 5,400 cases of cholera and 43 deaths in Ecuador during the first 11 months of 1993. (Madrid EFE in Spanish 2151 GMT 15 Jan 94)

### Guatemala

Health Minister Gustavo Hernandez has reported the Guatemalan Government has established a health cordon on its border with El Salvador to prevent the spread of cholera. Guatemalan officials report that one person dies and 31 more catch the disease every 24 hours. Twenty-six thousand people have been hospitalized, and 510 have died of cholera since June 1991. (Mexico City NOTIMEX 1735 GMT 18 Jan 94)

Ten people died of cholera morbus in La Libertad, Peten Department, within the last couple of days. Twelve people have died of cholera in Poptun, and eight have died in Melchor de Mencos. (Guatemala City PRENSA LIBRE in Spanish 15 Jan 94 p 67)

### Honduras

Health authorities have cited their concern about the increase in tuberculosis. More than 4,000 cases were reported in 1993. The disease is virulently multiplying among the poor and AIDS patients. Thirty percent of AIDS patients eventually get tuberculosis. Honduras has one of the highest incidences of AIDS in the world. (Panama City ACAN in Spanish 1557 GMT 19 Jan 94)

An outbreak of cholera threatens the Miskito Indian communities, given the lack of sanitary facilities. Health officials have reported 15 cases, two of which have died, in

Barra del Patuca. Until last week 4,428 cases of cholera, including 121 deaths, have been reported. (San Pedro Sula TIEMPO in Spanish 16 Jan 94 p 5)

#### Nicaragua

Sixty out of every 1,000 children born in Nicaragua die before they are one year old. The death rate increases to 83 out of every 1,000 children when the mother is under 20, according to a national survey on family health conducted by Pro Familia. (Managua Radio Corporation in Spanish 2200 GMT 20 Jan 94)

Cholera epidemics continue to wreak havoc in Nicaragua, where two people died this weekend, raising the death toll to 266 since the appearance of the disease in 1991. Official reports reveal 139 cases during the first 20 days of January. The Health Ministry has reported 6,731 cholera cases, with 220 deaths, for 1993. The majority of deaths occurred among children between the ages of five and 14 years. (Paris AFP in Spanish 2157 GMT 20 Jan 94)

#### Panama

Dr. Rafael Andrade, Amador Guerrero Hospital director, has said the increase in AIDS at Colon in 1993 is alarming. Twenty-one cases were detected in 1993, eight cases were reported in 1992, and 49 cases were detected in six years. Andrade has said the number of HI virus carriers is high in Colon because it is a port. (Panama City MAGAZINE DOMINICAL EL SIGLO in Spanish 16 Jan 94 p 16)

Manuel Vasquez, director of the National Service for the Eradication of Malaria (SNE), has said two new cases of dengue were reported in San Miguelito and Alcalde. Fifteen cases have been reported since the October 1993 outbreak in San Miguelito. (Panama City EL SIGLO in Spanish 17 Jan 94 p 4)

#### Peru

Health officials report that 19 people died and 290 are infected with cholera in towns in northern Piura and Cajamarca Departments since 1 January. Eleven have died and 240 were infected with cholera in Huancabamba Province, Piura Department. The towns hit most heavily by the outbreak are Catulun and Laumache, which are isolated due to heavy rains. Eight have died and 50 cholera cases were reported in San Ignacio, located in Cajamarca Province. (Paris AFP in Spanish 2102 GMT 16 Jan 94)

#### Southern Cone Health Report From 17 to 23 December

PY23121748

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 17 to 23 December.

#### Argentina

A new cholera outbreak has been registered in Salta Province, where 29 new cases were detected from 14-15 December. The number of cases in the province since August rose to 333—six fatal, almost five times more than in the same period last year. Cholera has caused 30 deaths

among the 1,675 infected since early 1991 in Salta Province. (Buenos Aires CLARIN in Spanish 17 Dec 93 p 51)

Fifty-four new cholera cases were reported between 18 and 20 December in the provinces of Salta, Jujuy, Tucuman, Cordoba, and Buenos Aires. This brings to 1,966 the total number of cholera cases reported so far this year, 29 fatal. Salta Province has become the epicenter of the so-called "third cholera outbreak." Experts reported that in addition to the inaba and ogawa bacteria, they also have detected a third type of cholera bacteria called NO-01. (Buenos Aires CLARIN in Spanish 21 Dec 93 p 57)

#### Bolivia

Dr. Armando Perez Gitonda, director of the Regional Health Secretariat Epidemiology Department, reported that 58 cholera cases and four fatalities were registered in Tarija Department between 28 November and 3 December. The breakdown is: 11 cases in Tarija District; six in Villamontes; 36 in Yacuiba; and five in Bermejo. (Santa Cruz EL MUNDO in Spanish 8 Dec 93 National Section p 2)

Cordillera Health District Director Herland Gamboa Barahona reported that 233 cholera cases have been registered so far in Camiri Province, 10 fatal. (Santa Cruz EL MUNDO in Spanish 9 Dec 93 p 15)

#### Southern Cone Health Report From 23 to 30 December

PY3012202493

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 23 to 30 December.

#### Argentina

The Health and Social Action Ministry on 27 December confirmed that 33 new cholera cases have been detected in Jujuy and Salta Provinces in the past four days. The disease has affected 2,054 people so far this year, 32 fatally. It has caused 47 deaths of the 2,607 infected since February 1992. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 1859 GMT 27 Dec 93)

#### Bolivia

National Epidemiology Department Director Jhonny Mollinedo reported that 9,189 cholera cases with 230 fatalities have been registered nationwide so far this year. The highest number of cases have been detected in the township of Yacuiba, Tarija Department, where 1,660 people have been infected. (La Paz LA RAZON in Spanish 14 Dec 93 p A11)

The Guanay Health Unit on 16 December reported that a new malaria outbreak has been detected in the Larecaja Tropical area and in the Guanay gold mine center, La Paz Department. According to a Health Unit report, 28 cases were registered in October and 61 in November. (Santa Cruz EL MUNDO in Spanish 17 Dec 93 National Section p 1)

### Brazil

The Health Secretariat reported 300 cholera cases were registered in Fortaleza, capital of Ceara State, last week. There are now 18,838 registered cases and 137 deaths in this state. The disease has affected 10,700 people in the capital alone, of which 76 died. (Rio de Janeiro O GLOBO in Portuguese 28 Dec 93 p 5)

### Southern Cone Health Report Through 6 January

PY0601215994

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 6 January.

### Bolivia

The Regional Health Secretariat reported that 87 cases of AIDS have been registered in the country since 1987. (La Paz Radio Fides Network in Spanish 1100 GMT 31 Dec 93)

### Paraguay

The National Anti-AIDS Program reported that 265 AIDS carriers were registered in the country through 1993, of which 67 had the disease, which has killed 67 people. (Asuncion ULTIMA HORA in Spanish 6 Jan 94 p 27)

### Peru

Gilberto Campos, lieutenant mayor of Cascas District, Otuzco Province, on 17 December 1993 reported that 22 cases of bubonic plague have been detected in his district. Campos said the plague is spreading quickly and the lack of physicians and medicines is alarming the people, who are evacuating the infected to Trujillo. (Lima EL COMERCIO in Spanish 18 Dec 93 p A23)

### Southern Cone Health Report Through 13 January

PY1301170594

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 13 January.

### Argentina

On 11 January, the Health and Social Action Ministry reported 17 new cholera cases were registered in the past few hours in Salta and Jujuy Provinces and the Buenos Aires districts of Escobar and Merlo. The total number of cholera cases has risen to 104 so far this year. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 1956 GMT 11 Jan 94)

### Bolivia

In 1992, there were 23,800 cholera cases with 416 fatalities. In 1993, there were 10,100 cholera cases with 254 deaths. The breakdown of cholera cases and deaths by department is: Chuquisaca: 2,449 cases and 30 deaths; Tarija: 2,169 cases and 56 deaths; Santa Cruz: 2,054 cases and 28 deaths; Cochabamba: 1,858 cases and 67 deaths; Potosi: 833 cases and 35 deaths; La Paz: 361 cases and 26 deaths; Oruro: 228 cases and nine deaths; El Alto: 166

cases and two deaths; Beni: 16 cases and one fatality; and Pando: no cases. Throughout the country, 1,812 cases have been reported between October 1993 and the second week of January. A total of 33,900 cholera cases with 770 deaths, have been reported since August 1991 when cholera was first reported in Bolivia. (La Paz Television Nacional Network in Spanish 1700 GMT 12 Jan 94)

More than 40 cases of cholera are reported weekly in Santa Cruz Province, especially in Eiti, Gutierrez, Cabezas, Camiri, and Charagua, due to the Parapeti River's contamination by cholera. Nine cases of cholera were reported last week in San Ramon, in Chiquitania, of which one was fatal, and six more cases were detected in Jorochito. (Santa Cruz EL MUNDO 5 Jan 94 p 8)

### Brazil

Residents of six Mato Grosso do Sul cities are being threatened by rabid dogs. The most serious problem is in Ribas do Rio Pardo, 92 km from Campo Grande, where 14 people are contaminated with the rabies virus. (Sao Paulo O ESTADO de SAO PAULO in Portuguese 12 Jan 94 p A16)

### Peru

Dr. Jesus Guerrero Cruz, director of the Huancabamba rural hospital, reported that seven people have died of cholera since the latest outbreak in the second half of December in various areas of Huancabamba Province. He said 99 cases have been confirmed since then, and that between 12 and 15 persons are admitted to the hospital every day. (Lima EL COMERCIO in Spanish 6 Jan 94 p A1)

### Southern Cone Health Report Through 20 January

PY2101104794

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 20 January.

### Bolivia

More than 70 cases of AIDS have been reported in the country. According to information from the Regional Health Secretariat of Santa Cruz, another person infected with the AIDS virus has reportedly died. The Regional Health Secretariat reported that 24 new cases of AIDS were reported in Santa Cruz in 1993. Of the 70 cases reported, 15 are foreigners and 55 are Bolivians. Forty-five of the cases were contracted abroad. Of the 70 cases, 64 contracted the disease through sexual relations, two through blood transfusions, three through syringes, and one in the womb. (La Paz Radio Fides Network in Spanish 1100 GMT 14 Jan 94)

Four cases of cholera, one fatal, were reported in Betanzos, Cornelio Saavedra Province, Potosi Department. The three cholera patients were contaminated at a wake for a 55-year-old man who died of cholera after eating fish soup at the wake. (La Paz Radio Fides in Spanish 1100 GMT 18 Jan 94)

**Peru**

Regional health authorities reported that 240 cases of dengue have been detected in Tarapoto Province, where the disease has killed one person. (Lima *EL COMERCIO* in Spanish 31 Dec 93 p A12)

**ARGENTINA****Sale of Cuban Meningitis Vaccine Authorized**

*PY1401012994 Buenos Aires NOTICIAS ARGENTINAS* in Spanish 1932 GMT 13 Jan 94

[Text] Buenos Aires, 13 Jan (NA)—It has been officially reported that the Advisory Group on Meningoencephalitis of the Health Ministry today approved the sale in Argentina of the Cuban-made vaccine against meningitis, but stated that it should not be used in children under four years of age, in light of the lack of final information on its efficacy.

Through a press communiqué, the Health Ministry reported that after analyzing the results obtained at an international level, the Advisory Group suggested approval of the sale of the vaccine against meningococcus type B.

According to a report submitted by the "Doctor Carlos Malbran" National Microbiology Institute on the "in vitro" tests performed in Cuba's Finlay Institute, the vaccine might be sold in Argentina.

However, the Advisory Group—which is headed by Health Secretary Julio Calcagno—stated that the use of the vaccine "will be decided by the professionals who order it, ruling out a massive vaccination program."

The Group also advised "avoiding the use of the vaccine in children under four, in light of the lack of final information on its efficacy."

In this regard, the health administration decided to "continue implementation of local clinical field studies and immunogenicity studies."

The Health Ministry instructed the National Administration of Medicines, Food, and Medical Technology (ANMAT) [Administracion Nacional de Medicamentos, Alimentos y Tecnologia Medica] to "take the steps toward authorization in line with existing regulations."

**CUBA****GRANMA Article Presents 'Precise Data' on AIDS**

*FL1101191694 Havana Radio Rebelde Network in Spanish 1255 GMT 11 Jan 94*

[Excerpt] [First announcer] Jose Antonio (de la Osa) today published an article in GRANMA on AIDS, which as you all know is the disease of the century. The article is entitled, "Irresponsible Sexual Conduct Is Suicidal." It contains very precise data, which I find very interesting and which you should know about.

According to this article, the AIDS prevention and control program that the Ministry of Public Health has successfully been carrying out has made it possible to, up to the end of 1993, diagnose 988 patients in Cuba as HIV-positive. Of these, 236 have fallen ill, and, as of 31 December 1993, 148 had died.

During 1993, 102 seropositive individuals were detected, from the close to 2 million test results examined, tests made with reagents produced by Cuba's pharmaceutical industry. There are more details. Let's see what Dr. (Manuel Santin Pena) said. He is the national director for epidemiology of the Ministry of Public Health. Eddy?

[Announcer identified only as "Eddy"] Well, he said that the blood banks are well monitored; it is therefore not possible in Cuba to catch the disease of the century through blood transfusions. Practically the only way to contract the virus in our environment is therefore through sex, which makes it dependent on an individual's sense of responsibility and conduct in selecting a partner and using condoms properly.

Dr. (Santin) commented: Irresponsible conduct is quite simply suicidal. He also said that the prevention program is in the process of being perfected. According to (Santin), sanatorium care will continue to be made more flexible.

In the last few years, those seropositive individuals who have become more aware regarding their illness are being offered facilities to allow them to live within the society and within their families. The experience gained now permits us to begin the system of outpatient care, which can be extended to all seropositive people who take a responsible attitude toward the family and the society and who, moreover, voluntarily request such care. The Ministry of Public Health will maintain sanatorium care, which will continue to play an important role in the program against AIDS, while at the same time trying to reach out further into the community. Care of the seropositive will be the responsibility of the Family Doctor Program physicians, and they will, through interconsultations, receive the specialized care they require including, free, the specific medications required by their condition as carriers of the AIDS virus. [passage omitted]

**Potential for Pharmaceutical Industry Viewed**

*FL2911000793 Havana Radio Rebelde Network in Spanish 1700 GMT 26 Nov 93*

[Interview with JUVENTUD REBELDE journalist Oswaldo Rodriguez by "Straight Talk" program host Carlos Santana Ojeda—live]

[Text] **Santana:** Many people, here as well as abroad, cannot believe that an underdeveloped country like Cuba has undertaken the task of establishing a biotechnology industry, especially in the field of pharmaceuticals. It is a task that wherever undertaken demands huge investment and highly qualified personnel. We would then have to ask ourselves: What allows us to undertake this task? Did we set too high a goal for ourselves? Those are my first two questions for journalist Oswaldo Rodriguez of JUVENTUD REBELDE here on Straight Talk.

**Rodriguez:** Those are tough questions you are asking.

**Santana:** That is for starters.

**Rodriguez:** The truth is that we have the potential to produce medicine, vaccines, and other biotechnology and pharmaceutical products. I do not believe we have set ourselves unattainable goals. Cuba's potential in the field of science, the intellectual potential Cuba has created, is sufficient to attain the goal. We must go step by step, making noteworthy progress and profit. Financially speaking we will make a profit with exports. Here in Cuba we have been successful in improving public health.

Recently I was talking to some comrades. We were saying that in Cuba we have been able to control the spread of AIDS and this has been possible, thanks to Cuban science. In Cuba we destroyed approximately 8 million bottles of blood when it was discovered that the disease was not spread by sexual contact alone, when it was discovered that contaminated blood could also spread the disease. As of that moment checking for the disease was begun in Cuba with the use of the SUMA, the Ultra-Micro Analytic System. The SUMA enables a quick search for the disease. This is tremendous help for the country. If all we achieved was improving public health in Cuba, this would be a great achievement.

There is no doubt that today the whole world knows that the possibility of marketing scientific results has become a very large betting market and many countries are gambling on that market. There are many optimists who believe we will make a profit from our achievements; others are not so sure.

I would like to give you some statistics. It is always good to study statistics. In 1977 there was a \$43 billion pharmaceutical market. In 1990 there was a \$172 billion market. Undoubtedly, the United States is the largest pharmaceutical producer. Many years ago they saw that this would be a very profitable business and they exploited it. Between 1979 and 1985, 775 new pharmaceutical products were put on the market; 775 new products. This is proof that there are many scientists in the world researching new pharmaceutical products. This is a profitable business.

**Santana:** That is all fine; but, many people believe that we made a mistake when we undertook the task of building a biotechnology industry.

**Rodriguez:** There will always be pessimists. There is also geographic fatalism. We have never been able to shake that geographic fatalism of being a small country, of being an island. Many believe that an island cannot set itself big goals, that it must always live in poverty and misery and that it must always be dependent. However, I do not believe we made a mistake. I believe that this is one of the strategies, not the strategy as some believe. Some people, and I am not referring to the press, are saying that this is the strategy and that Cuba depends on this industry. I do not believe this, however, I do believe that it is a promising strategy. When we refer to Cuba's economic strategy we

are, above all, referring to our sugar industry. Tourism, the nickel industry, and science are also part of the economic strategy. Science....

**Santana interrupts:** Will the pharmaceutical industry surpass our sugar and tourism industries?

**Rodriguez:** Surpass it is not the word. If we can break into that market, the pharmaceutical industry would leave the sugar industry way behind.

**Santana:** Here with us is JUVENTUD REBELDE journalist Oswaldo Rodriguez and we talking about the biotechnology industry, particularly, the pharmaceutical industry.

Let us be practical. From the scientific viewpoint, what have we achieved?

**Rodriguez:** A tremendous number of new pharmaceuticals. Here in Cuba we are making pharmaceuticals that we no longer must import. In producing pharmaceuticals, one must think about production for domestic use and production for export purposes. I once attended a meeting of scientists. As far as they are concerned, the domestic market is one thing and the foreign market, another. As far as scientists are concerned, the domestic market ensures protection of public health and the foreign market ensures profit.

There is a list of new products, products that have penetrated the market. These are the antimeningocci and Hepatitis-B vaccines. The PPG is one of the products around which much propaganda was made. PPG is used to keep cholesterol levels within normal. It also helps improve other conditions; it revitalizes body functions, including sexual function. However, this is not what it was created for. We can also list the monochromal antibodies, the epidermic growth factor, interferon, enzymes, and diagnostic systems based on proteins. There are also many other products we are working on, but you must not forget that it takes approximately eight years to test a medicine. The Cubans are trying to cut down this time, but not to less than eight years. Every single pharmaceutical product must be tested, first in the laboratory, then on animals. For a product to be approved for use on humans, it must first undergo many tests. It must be chemically analyzed and subjected to millions of other tests.

**Santana:** Can the investments be justified?

**Rodriguez:** Financially?

**Santana:** Yes. Heavy investment has been made. Much money has been spent.

**Rodriguez:** No, it has yet to cover the investment made. We will not see any profit in the short term. We will see profit in the medium and long term. But I will give you more statistics. I came prepared with lots of statistics. I knew you were going to bombard me with all these questions.

Merck, a pharmaceutical company, is among the 100 largest pharmaceutical companies. It ranks eighth in the world. In profits alone, Merck....

**Santana:** It is a large multinational company.

**Rodriguez:** Yes, it is. In one year Merck made \$15.256 billion in profit. It has huge installations. But let us not think about competing with Merck. Let us just think that we can produce one-third or even one-fifth of what Merck produces. Can you imagine Cuba's biotechnology industry making a \$3 billion profit a year?

**Santana:** That is where I am headed. I am concerned about something. We know that the large multinational pharmaceutical companies control the market. How can Cuba compete against that power? Would that not be our Achilles' heel?

**Rodriguez:** I would not describe it as our Achilles' heel. Today we face a difficult situation. Cuba is currently facing the great challenge of getting access to the markets. The markets are saturated. For example, getting access to the developed countries' markets is impossible under the current situation. Not because of the quality of our products but because we cannot compete in those markets. We lack advertising and presentation. The way we present our products is poor. Our packaging and labeling need much work. But we do have many possibilities in the underdeveloped world. We cannot make a big profit, but we can sell our products. At this moment we must look to associate ourselves with other companies. We cannot think that the Cubans can do it by themselves. We must associate ourselves with a large consortium that commands advertising and markets. We must look for a consortium that will give us a chance to participate in the market. In exchange, they would also profit from the association. This means that we would not be receiving 100 percent of the profit, but we could get perhaps 50 percent of the profit. We must not be too greedy to get it all when right now we are getting practically nothing. That is a strategy that, according to what I have heard, we are working on.

**Santana:** All right, going on to another (?view) of this subject that we are analyzing: As you explained, Cuba is capable of producing medicines that Cuban biotechnology can be proud of. However, Oswaldo, there is a shortage of not a few commonly used medicines these days, in Cuba. Do you not find this, let us say, ironical?

**Rodriguez:** Of course. Destiny contains tremendous ironies. But I have been able to find out about some of these things, and in order to produce all the medicines that Cuba consumes, we would need not only the raw materials—which are imported—but also installations, certain kinds of which do not exist in Cuba. A medicine or biotechnological laboratory is not a place of big pieces of equipment. It is a place which, upon entering, you realize is a place for scientists, a place where very important things are being done, where there is a certain preservation of the atmosphere and extremely rigid sanitary measures—but not where you are necessarily going to find huge or highly sophisticated pieces of equipment; although, indeed, for certain very important analyses, such equipment does exist. When you are going to mass-produce medicine, however, you have to set up a facility. A recent example: There is the so-called Finished Forms, which is a factory that allowed us to make the Neovitamin II pill, for example. I'll just give you one example: Neovitamin II is

manufactured thanks, precisely, to a facility that had been planned for another purpose, and that is what allowed us to make this great quantity of pills in a short time. However, I do not think that everything can be made in Cuba, nor do I think we are in a position to stock pharmacies completely.

**Santana:** Another matter that concerns people is whether exporting is being done at the expense of the Cuban consumers.

**Rodriguez:** No. That is what I was telling you: One of the things I like very much about these scientists who work in this field is the fact that they stand as close a watch over one side as over the other. They worry first about the domestic, and only later about the external.

**Santana:** So how does this benefit the population?

**Rodriguez:** The population benefits directly! I just gave you a number of examples! But I can tell you that the PPG was available throughout the national territory before being exported, and that is only one example. Or take the antimeningitis vaccine: All our children have been vaccinated. And in the same way, there are lots of other medicines that we do indeed get first, ourselves: vision treatments, skin treatments, etc. We get them first, and only then do we export them.

**Santana:** This has been the industrialization of biotechnological medical and pharmaceutical products, a topic for analysis and reflection here on the Straight Talk program. [Dodet, Therre] In what context was Transgene acquired by PMSV? What were the consequences? How did a simple services company become a pharmaceutical company?

**Courtney:** At the end of the eighties, Transgene had acquired in-depth experience in the field of molecular biology covering recombinant proteins and the whole range of processes that go hand in hand with the production and characterization of proteins in addition to purification to microsequencing. The company had, therefore, both the will and the way to fulfil a greater ambition. It was at this time that Pasteur-Merieux-Serums-et-Vaccins came up with its proposal resulting in the purchase of Transgene in early 1991. New strategies were then defined together with Pasteur-Merieux, which directly finances over 50 percent of Transgene's activities, mainly in the fields of vaccines and gene therapy.

Today, Transgene carries out its own research in two sectors: gene therapy and vaccines. In the latter field, we have synergies with Pasteur-Merieux and other companies of the group, such as Virogenetics in the United States and Connaught in Canada. Merieux's activities in gene therapy are, however, all concentrated at Transgene.

**Dodet, Therre:** Was the decision to become a pharmaceutical company made then?

**Courtney:** This decision was not made at the time of the takeover, but later in 1992. Jean-Pierre Lecocq, who was R&D director and general manager of Transgene, and myself were already convinced of the necessity of developing gene therapy activities, but it was only later, after the

tragic disappearance of Jean-Pierre, that a project was proposed to Pasteur-Merieux. It was then that gene therapy products were developed within Transgene, starting from laboratory research right through to clinical trials and marketing authorization procedures. Transgene's prospects of becoming a pharmaceutical company then became a reality.

**Dodet, Therre:** What means do you have at your disposal for these activities?

**Courtney:** In terms of investment and manpower, gene therapy is our main project. Three hundred million French francs will have been invested over four years. On top of the 45 researchers and technicians involved in this research, the team recently saw the arrival of a pharmacologist and a doctor who will follow the clinical trials. The construction of a pilot production unit conforming to GMP [expansion not given] standards began during the summer. The program receives aid from national agencies and associations such as the ANRS (National Agency for Aids Research), the AFLM (French Association Against Mucoviscidose), and the AFM [French Association Against Myopathies].

**Dodet, Therre:** Transgene has spent a lot of time working on the adenovirus. Is this still a privileged domain for you?

**Courtney:** Historically, our first experiments began with alpha-1 antitrypsine and then on mucoviscidosis in the framework of collaborations with M. Perricaudet of the Gustave-Roussy Institute in Villejuif and with Ron Crystal, who was with the National Institute of Health at the time. The defective adenovirus developed by Perricaudet appeared to be the most appropriate *in vivo* gene therapy vector for pulmonary or muscular disorders such as mucoviscidosis or Duchenne myopathy. The first trials on rats conducted in cooperation with R. Crystal demonstrated the interest of this approach. Clinical tests will now allow us to judge the tolerance of this vector and perhaps have an idea on its efficiency.

Meanwhile there is still some ground to be covered in optimizing this vector. To this end, we are looking at the possibility of incorporating greater quantities of DNA [deoxyribonucleic acid] or obtaining specific expressions in tissues by using different promoters. Although adenovirus remains a privileged vector for us, we are also interested in other types, namely the retrovirus and retrotransposon vectors, which have the same advantages as the retrovirus without the risk of replicative viruses. Non-viral systems such as liposomes are also of great interest.

**Dodet, Therre:** Gene therapy trials for mucoviscidosis will shortly be conducted. What will be the protocol?

**Courtney:** We should begin clinical trials with G. Bellon's group at the Lyon-Sud hospital center before the end of 1993. Contrary to trials begun by the Americans, where the vector is introduced into the lungs with a bronchoscope, we have chosen administration by aerosol. While much easier to perform, this method also improves diffusion at the bronchial epithelium. The vector containing the

CFTR [cystic fibrosis transmembrane conductance regulator] gene is inhaled by the patient (4) using a system which only releases aerosol at the time of inhalation and which filters exhaled air. (Footnote) (During this protocol the dose of adenovirus administered is 10,000,000 PFU [plaque forming units]. We have received approval from the Genetic Research Commission and the Biomolecular Research Commission. In accordance with their recommendations, the trials will be carried out in a class-TL2 room and the patients will be isolated for a period of about one week. (Footnote) (Class-TL2 isolation corresponds to class-L2 in the laboratory. There is only a limited access into the room via a sterile zone from which the virus can not escape.) The protocol will be applied to six patients aged over 18 and showing a moderate form of the illness.

**Dodet, Therre:** Where are you with regard to Duchenne myopathy?

**Courtney:** To date, we have participated in the development of procedures for obtaining the adenovirus vector expressing the gene which codes for minidystrophine. Our role will become more important once the basic stages will have been completed, when we will actually start developing this type of therapy.

**Dodet, Therre:** What are the other illnesses that are of interest to you?

**Courtney:** We are interested in both cancer and Aids. For both we have developed gene therapy and vaccine-based approaches. In terms of gene therapy for the treatment of lung cancer, we are working with Thomas Tursz of the Gustave-Roussy Institute in Villejuif. Our objective is to transfer the gene coding for an immunomodulator using the same techniques employed for mucoviscidose, that is to say using a defective recombinant adenovirus. Clinical feasibility trials using a marker gene permitting an evaluation of the effect on cancer cells will take place in the coming months.

We are also looking at an approach developed by Philippe Kourilsky's group at the Pasteur Institute. This method involves the introduction of an immune modulating gene (IL-2 or another cytokine) in the cloned cells before injecting these cells into the tumor. Animal trials have demonstrated that it is possible to induce a type of "natural killer" response against the tumor cells. These cytotoxic cells play an important role in the rejection of tumors.

We also have a research program on anticancer vaccinations. This is in fact immunotherapy in as much as it addresses first and foremost people who are already ill by aiming to improve their immunological defenses against the tumor cells. Our efforts are aimed mainly at two types of cancer, breast cancer and cervical cancer. The cells in almost all breast tumors include mucins, special antigens that we could use in a vaccine. In the second case it has been demonstrated that up to 90 percent of cervical cancers are linked to an infection by papillomaviruses. It is, therefore, logical to consider the development of a

vaccine aimed against this virus. We are currently developing an optimal immunization strategy and we are considering different potential antigens. In the case of cervical cancer, immunization could be envisaged before infection by the virus or as a treatment for women already with a tumor or precancerous anomalies.

**Dodet, Therre:med Transgene is one of ANRS' partners and has been working for several years on the development of a Aids vaccine. Are you also studying gene therapy for the treatment of Aids?**

**Courtney:** In terms of gene therapy, we are very much involved. For the moment our efforts are limited to laboratory research, but clinical trials should soon be planned. The objective is to transform "ex vivo" the hematopoietic stem cells in order to make the T-lymphocytes and macrophages resistant to infection by HIV-1. Certain promising genes have already been identified and these will be tested on the macaque model in collaboration with Prof. Kirn's team in Strasbourg.

In terms of a vaccine for Aids, our research is linked to the Pasteur-Merieux group and mainly to Virogenetics. We developed the recombinant gp160 [expansion unknown] used in current vaccination trials while Virogenetics has prepared the recombinant canary-pox virus expressing gp160. The vaccination protocol involves either initial vaccination with the canary-pox virus followed by a subsequent gp160 vaccination, or vaccination with gp160 including a peptide from the V3 region of the envelope. We are acting as research support; we have purified the sub-unit and participated in the development of the vaccine. Production is taking place in the PMSV installations at Marcy l'Etoile.

### **Castro Attends Signing of Colombian Health Agreement**

*FL1101151094 Havana Radio Rebelde Network in Spanish 1000 GMT 11 Jan 94*

[Excerpt] Commander in Chief Fidel Castro attended the ceremony for the signing of a bilateral cooperation agreement between Cuba and Colombia. It was signed by the public health ministers of the two countries, Julio Teja and Juan Luis Londono. [passage omitted]

The agreement includes prioritized areas such as primary attention, epidemiologic surveillance, human resource training, essential and generic medicines, and vaccinations.

## **ECUADOR**

### **AIDS Cases Increasing Nationwide**

#### **Figures Underestimated**

*94WE0132A Quito HOY in Spanish 1 Dec 93 p 8*

[Excerpt]

#### **AIDS, the Plague Descending on Us**

[Passage omitted] According to the statistics of Ecuador's Public Health Ministry as of August 1993, 586 cases of

AIDS-infected patients have been reported. The cities with the most AIDS cases are Guayaquil and Quito, although cases also have been reported now in Esmeraldas, Manabi, Cuenca, Ambato, and Quevedo.

Not much attention has been paid to AIDS in Ecuador because people still think that it is a problem of developed countries. The statistics demonstrate the opposite, however, inasmuch as the number of patients is rising steadily and, what is worse, among the reported cases there has been an increase among women, most of them housewives who have been infected by their husbands. One of the reasons why the disease is spreading is machismo, which is deeply rooted in our society and leaves women vulnerable.

According to data from the Vivir Foundation, which are based on statistics from the Pan American Health Organization (PAHO), the actual number of people infected with the AIDS virus and suffering from the disease stands at between 10,000 and 15,000 in Ecuador, inasmuch as the official figures are too low and physicians do not report new cases.

From 1985 to September 1993, there have been some 172 cases in Guayaquil alone, 81 of whom have died.

Of every 1,000 examinations conducted monthly at the Leopoldo Izquierdo Perez Institute of Hygiene to determine whether a patient has AIDS, between 20 and 25 seropositives are reported.

The director of the Hospital of Infectious Diseases, Hugo Jurado, explained that there is a major difference between AIDS patients and carriers of the HIV virus. He emphasized that the danger of infection comes not from the people confined in hospitals but from the victims who are walking around the streets and have not been identified, of whom there could be hundreds or thousands.

The steep rise in the number of cases can give us some idea of the situation. In 1985 there was a single AIDS case; in 1990, there were 25, and in 1993, 172.

From 1984 to the present, 56 cases have been reported in the province of Azuay, and 65 percent of the infected individuals have died.

According to the Epidemiology Department of the Provincial Health Headquarters, the first cases of AIDS in the province were migrants.

Oswaldo Munoz, the chief of the Epidemiology Department, said there are rural areas in Azuay in which the infection rate is high due to the large number of migrants, areas such as Chiquintad, Checa, Octavio Cordero, and Gualaceo. "These areas have not been declared as having a large number of cases, but they do represent a high risk of infection," the physician said. There have been 10 AIDS cases in Ambato, although Tungurahua remains one of the provinces with the lowest incidence.

This dramatic situation is compounded by the lack of hospital infrastructure since few, if any, hospitals have a special budget and some do not have the medications

handed out by the Undersecretariat of Health because they are off budget. Thus, patients are receiving only partial care.

Around 1988 the UN declared 1 December "World AIDS Day." Vigils are held on this date in memory of the people who have been killed by the HIV virus. Groups such as the Vivir Foundation and the Ecuadorian Red Cross have called for a consciousness-raising effort about AIDS.

#### Health Minister Comments

94WE0132B Guayaquil *EL UNIVERSO* in Spanish  
3 Dec 93 p 8

[Text]

#### Alarming Spread of the Disease in Ecuador

Quito—There has been an alarming rise this year in the number of people suffering from AIDS in Ecuador. Of a total of 660 officially verified cases since 1984, 200 persons contracted the disease in 1993.

These numbers were disclosed by Health Minister Patricio Abad during the celebration of World AIDS Day, which the World Health Organization (WHO) sponsors every 1 December.

#### Largest Percentage in Guayas

Nationwide, most of the AIDS cases are found in Guayas, 427 or 65 percent of the total so far. It is followed by Pichincha with 18.4 percent, Manabi with 7, Azuay with 4 percent, and El Oro with 2 percent.

After remarking that tragically only 30 percent of the total number of people reported with the disease are still alive, Minister Abad said that 83 percent of the cases since 1984 have been men and 16 percent women.

In light of the dangerous spread of the pandemic, Patricio Abad announced that the ministry is now undertaking a simple, specific policy emphasizing prevention in the battle against the disease.

The policies proposed by the administration will be consistent with the programs that the WHO is calling for worldwide. The policies are designed to prevent various modes of AIDS transmission and are based on coordination among institutions and sectors.

After indicating that it is highly unlikely that scientists will find a vaccine that kills the virus in the next 10 years, the health minister emphasized that the hardest hit age group is 20- to 44-year olds, who are more sexually active. They account for almost 80 percent of AIDS patients.

#### Prevention Program

He said that the National Program for the Prevention and Control of AIDS and other sexually transmitted diseases would focus in the coming years on preventing AIDS, mitigating the personal and social impact of the infection, and bringing together all initiatives, efforts, and resources to battle the pandemic.

"We have given consideration to a series of projects that will enable us to carry out policies and strategies. They can

be grouped into six categories: education and the mass media; epidemiological surveillance; laboratory control; monitoring of the Blood Bank; comprehensive attention to patients and their social surroundings; and proper, modern administrative practices."

## EL SALVADOR

#### Health Ministry Declares National Emergency Due to Cholera

PA3012124493 San Salvador *Canal Doce Television* in Spanish 0300 GMT 30 Dec 93

[From the "Up-to-Date" newscast]

[Text] Due to the unstoppable advance of the cholera epidemic in our country, the Health Ministry decreed a national emergency today. Contrary to a report by the deputy health director, Health Minister Lisandro Vasquez Sosa reported that this is the beginning of a new outbreak. Four people have died and 700 have been affected by the cholera bacteria since 24 December.

[Begin Vasquez recording] Medical personnel are on alert at all health centers. [end recording]

Health officials declared the emergency after 700 cases of this mortal epidemic were reported, an epidemic that is again taking its toll.

[Begin Vasquez recording] Today we have a complete laboratory study, and this is why we say that the deaths were cholera-caused. Four people have died and 700 cases have been reported. [end recording]

All this occurred since 24 December when a new outbreak was registered. According to the minister, 95 percent of the cases were a result of food that was handled without taking the proper hygienic measures.

[Begin Vasquez recording] Food was sold in the streets, foods that were improperly prepared and cooked; in fact, there are places where food is sold in places that are not suited for the handling of food. [end recording]

The health minister said that all of his personnel have been deployed to tend to the increasing cases. He said that it is untrue that hospitals have no more beds.

[Begin Vasquez recording] The hospitals have the capacity to face the problem. [end recording]

The minister said that they foresee another outbreak during the year's end festivities, but this could be avoided if people follow the proper recommendations.

## HAITI

#### Children of Gervais Dying of Malnutrition, Disease

FL2501015594 Port-au-Prince *Radio Metropole* in French 1700 GMT 24 Jan 94

[Text] In Artibonite, especially in the area of Gervais, hunger is spreading. Our correspondent [Leonor Exantus] tells us that children are dying of malnutrition.

[Begin recording, in Creole] One or two children die of malnutrition every two weeks in Gervais. Located at about 30 km on National Road Number One, Gervais is in the fifth section of Saint-Marc, which has about 3,000 inhabitants. The population in Gervais is suffering from malnutrition, whooping cough, tuberculosis, malaria, typhoid, et cetera, which every two weeks kill one or two children. Two years ago, the sanitary department of Saint-Marc held a vaccination campaign which did not seem to have reached the Gervais population.

Furthermore, there is no water in Gervais, not to cultivate the gardens, nor for drinking. It is only when it is raining and the river is high that the people in the area can cultivate rice. According to several peasants, they approached institutions including the Red Cross and the City Hall in Saint-Marc, which advised that they themselves are facing difficulties due to the embargo, and cannot help the people in Gervais. The population of Gervais is sending a call to the natives of Gervais living abroad, to Haitians of good faith who might help them. The people ask for urgent action because the children of Gervais are only skin and bones. If no solution or aid is given to the population of Gervais, fifth section of Saint-Marc, the number of children dying everyday will increase.

It should be recalled that in July 1990, a slaughter took place there, killing 12 persons, [word indistinct] houses burned, many missing animals. In addition to all of that, the embargo has created a miserable situation for the people of Gervais.

From Saint Marc in Lower Artibonite, this has been Leonor Exantus for Radio Metropole. [end recording]

## VENEZUELA

### Health Ministry Reports Drop in Bilharzia Cases

94WE0128A Caracas *EL UNIVERSAL* in Spanish  
4 Dec 93 p 14 Section 2

[Text] The Ministry of Health has registered only 27 cases of bilharzia as of August 1993, according to a report from that ministry's Subsectoral Directorate General of the Subsystem of Environmental Sanitation (formerly Malaria). In 1992, 154 cases were reported for the same period, a decrease of 127 cases, or more than 82 percent.

The Ministry of Health initiated programs to eliminate bilharzia in Venezuela 50 years ago. Nowadays, other organizations are also working to eradicate the disease, although always in coordination with the Directorate of Environmental Sanitation (formerly Malaria) of the Ministry of Health, through the Program for the Fight Against Bilharzia.

There has been a research group since 1984, made up of research scientists from the Institute of Tropical Medicine of the Central University of Venezuela, the Venezuelan Institute for Scientific Research—under the Ministry of Health—and the Department of Parasitology of the University of Carabobo.

This research group reports in the abovementioned report that there is a good possibility of eradicating bilharzia in Venezuela, taking into account the new approach based on traditional methods, together with serological diagnosis, and selective and mass chemotherapeutic treatments.

As explained by Dr. Miguel Angel Otero, assistant to the director of the Subsystem of Environmental Sanitation, the classical methods of combating bilharzia generally consist of seeking to eradicate the *Biomphalaria Glabrata* snail (the disease's host) in places where it makes its home, such as rivers, creeks, and lagoons. As to the diagnosis and treatment of the disease, only an examination of the feces was conducted, and if it was positive the patient was treated with traditional medications, such as Repodral and antimonials, for several days. These could later cause undesirable side effects, such as vomiting and dizziness.

The new technique in the fight against bilharzia, according to Dr. Otero, is to carry out an examination of the patient's blood and, if the result is positive, then a single dose of Praziquantel is employed. With this new serological method, it can be discovered whether or not the person is infected, even when only a small number of parasites are present in the organism. This type of examination permits the diagnosis of a great many persons while employing less time and fewer resources.

Bilharzia is an illness caused by an internal parasite that lodges in the digestive tract, creating various kinds of disturbances that can even cause death. At present, the area affected includes Aragua, Carabobo, Cojedes, the Federal District, Norte de Guarico, Lara, Miranda, and Portuguesa.

## ALGERIA

**Discussion of AIDS Said Taboo; Figures Given**  
**94WE0129A Algiers ALGER REPUBLICAIN in French**  
**1 Dec 93 p 5**

[Article by Nabila Amir and Nesrine Herzallah: "Around Algiers: What Young People Are Thinking"—first paragraph is ALGER REPUBLICAIN introduction]

[Excerpt] Although infectious diseases have considerably decreased in recent decades, there is one that feeds the anxiety and imagination of the people worldwide. [passage omitted]

In Algeria, this disease remains taboo, a shameful disease. Some believe that this plague, which devastated the 20th century, is beyond any doubt God's most terrible wrath.

A revenge of good morals on the challenge of science. An old man told us: "AIDS exists, it is there, cruel, terrifying, and unforgivable."

AIDS, a disease made terrible by the rate at which it is propagated and by the threat it represents for the world, has mobilized legions of medical personnel on all continents.

Most people prefer to "chat" about sexual matters in private, in hushed voices. Never, absolutely never has AIDS been the subject of a public debate attempting precisely to understand and publicize the various means of prevention. This is a way to avert our gaze, to ignore the problem. Unfortunately, the fact is there, stubborn, unavoidable, and ever present. In a society full of taboos and wrapped in interdicts, we dare not touch on the subject.

Yet, if we allow the "prehistorical notions" held by some to sidetrack us, we shall not succeed in banning them; quite on the contrary, burying one's head in the sand never provided a cure.

Many citizens are not informed about AIDS, others are ill-informed, and some are totally ignorant of the actual causes of the pandemic.

Mourad, a physician, told us:

"AIDS can be transmitted sexually, through an infected injection, and from mother to child during pregnancy."

"It is transmissible neither by tears, nor by saliva, nor by touching. I have obtained information on this subject myself. I can say that the Algerians have no information about the disease. For instance, last year, I visited a high school where senior students made a presentation on AIDS. I found that it was a technical presentation."

"They did not go to the heart of the problem; there was nothing on means of prevention. That is inadequate; we cannot manage to prevent AIDS from spreading. AIDS patients must be given moral and psychological support.

True, people are afraid of AIDS, [not] because it is a disease, but because it leads to destruction, to slow lingering death."

A teacher explained:

"AIDS remains a subject of shame. I believe that the problem is twofold. On the one hand, the subject is taboo; on the other hand, there is a lack of communication, of means to prevent the disease or to talk about it."

"It is sad, in this day and age, to see people fighting in our schools about the Arabic or Amazigh character of our culture, when there are such urgent problems as AIDS."

In answer to our question, an unemployed youth told us:

"People are not informed; they are afraid and ashamed to speak about AIDS. They are overwhelmed by daily problems. Making people at all levels aware of AIDS, starting in elementary schools, would be one way to limit the spread of the disease. At home, the subject is never mentioned. Besides, when there is some advertising about AIDS on television, I leave the room; I feel embarrassed in front of my family. AIDS means sin, therefore it is a curse."

A white-collar worker said:

"I know about AIDS, and I talk about it with my family, without being embarrassed. Isn't it so, that prevention is better than cure?"

"What saddens me most is the fact that people around me do not know a thing about the disease, and do not even try to get information. They believe that they are beyond the reach of AIDS. Some are ill-informed and believe that the disease can be transmitted only sexually; others believe that you can catch it merely by kissing. Making people more aware of AIDS is the only solution."

Certainly, AIDS is a disease that is gnawing at more than one patient, and it has broken more than one family. But what hurts most is to know that there are people devoid of any moral sense, with no knowledge whatsoever but with a big greedy belly controlled by a pea-sized brain.

AIDS, seropositive patients, AZT, retrovirus: these are terms that have become common currency in recent years. Actually, AIDS is no longer a shameful disease, a disease that affects only a few marginal categories of society; AIDS is getting "democratic." Nowadays, no one is safe, and increasing numbers of hemophiliacs, heterosexuals, women, and even infants are affected by the plague.

Yet, you don't need magic to protect yourself from this disease, which takes on ever more alarming proportions every year (there will be 40 million of AIDS patients by the year 2000).<sup>1</sup>

It is not enough to talk about AIDS at conferences and leave it at that. We must rely on prevention, namely the use of condoms.

Nowadays, everybody says "Yes" to condoms.

[Box, p 5]

## Figures Concerning AIDS

Table 1: Breakdown of AIDS Cases by Age and Sex

Age	Male	Female	Total	Percentage
Under 19	-	-	-	-
20-39	47	6	53	69.7
40-59	7	7	14	18.42
over 60	3	1	4	5.26
Not known	3	2	5	6.57
Total	60	16	76	
Percentage	78.94	21.05		

Male/female ratio: 3.75

There were 76 reported cases of AIDS on 1 May 1991, 60 males and 16 females.

The sex ratio was 3.75 (nearly four men for one woman). There was no case of AIDS in the under-19 age group.

Table 2. Breakdown of AIDS Cases by Location and Mode of Infection

Infection Mode	Probable Infection Location			Total
	Not indicated	Algeria	Foreign Country	
Blood transfusion	-	5	13	18
Drug addiction	2	2	20	24
Homo- and bisexuality	1	1	3	5
Drug addiction and homosexuality	3	-	3	6
Heterosexuality	1	1	2	4
Not indicated	12	5	2	19
Total	19	14	43	76

In 19 cases, the mode of infection was not indicated. The principal modes of AIDS transmission were drug addiction (24 cases), blood transfusion (18 cases), and sex (15 cases, homosexuals, bisexuals, and heterosexuals).

Blood transfusions seemed to dominate the epidemiological picture. But it is obvious, on the one hand that this is due to lack of information on the mode of transmission (19 cases) and, on the other hand, that Algeria is in the very first stages of the epidemic, like European countries in the early eighties.

Sex will be the principal mode of transmission since AIDS remains primarily a sexually-transmitted disease.

Considered at first as an imported disease, AIDS now has its own "native" mode of transmission. Note that there is some local transmission since, in 14 cases, infection probably took place in Algeria.

When transmission through blood transfusion is under control, sexual transmission will predominate since AIDS remains essentially a sexually transmitted disease.

Table 3: Breakdown of Seropositive Cases [by Age (Adult/Children)]

Year	Adults	Children	Total
1985	6	-	6
1986	7	-	7
1987	23	-	23
1988	58	-	58
1989	61	1	62
1990	85	4	89
1991	24	-	24
Total	264	5	269

Source: SANTE PLUS, No. 17, 21 December 1992

Table 4: Breakdown of (Adult) Seropositive Cases by Sex

Year	Males	Females	Percent Females	Unknown	Total	Male/Female Ratio
1985	126	29	18.5	-	155	4.34
1990	49	16	24.6	20	85	3.06
1991	12	8	40	4	24	1.5
Total	187	53	22	24	264	3.52

Table 3 shows that 269 cases were reported on 1 May 1991. This result was obtained through blood donation screening and a few limited surveys among certain groups (prostitutes, prison inmates, etc.) made during 1987-1988.

These figures, therefore, do not reflect actual facts; nevertheless, they point to some trends, especially an increase in HIV infection cases. The breakdown of seropositive patients by sex shows that there were 53 women for 187 men among the 264 adults considered, i.e. a sex ratio of 3.52 (more than three men for one woman). The sex ratio decreased every year, which means that the number of infected women is increasing (Table 4).

No conclusion can be drawn as to transmission groups, due to the large proportion of cases for which the patient's sex is "unknown." Source: SANTE PLUS, No. 17, 21 December 1992.

## Footnote 1. Read in SCIENCES ET VIE, 1991.

## Health Ministry Issues Statement on Spread of Diphtheria

LD0901172994 Algiers Radio Algiers Network in Arabic  
1600 GMT 9 Jan 94

[Text] The Ministry of Health today issued a statement explaining the situation regarding the spread of diphtheria in the provinces of the homeland. The statement says that 380 cases of diphtheria were recorded since last July; 31 of them were deaths recorded in the provinces of Tamanrasset, Bouira, Ouargla, Tizi Ouzou, and El Oued.

## INDIA

### Papers Report, Comment on Fight Against AIDS

#### Problem in Tamil Nadu

94WE0133A Madras *THE HINDU* in English  
1 Dec 93 p 3

[Excerpt] Madras, Nov. 30—In line with the theme, 'Time to Act,' given by the World Health Organisation (WHO) some Government and non-government agencies have sponsored programmes to educate the people on the increasing danger of HIV and other sexually transmitted diseases, particularly their effect on women's health, the causes as also the preventive measures.

Tamil Nadu is second to the country in AIDS prevalence. According to official data, of the 5.5 lakh persons tested so far, there are nearly 5,000 HIV positive cases and 150 with AIDS.

The projection for the State shows that an estimated one million HIV positive cases and one lakh AIDS cases by 2000 AD.

#### Progress in Health Threatened

The Government is aware that unless programmes for AIDS prevention and control are implemented quickly, the progress made in health indicators will be nullified by the scourge.

As part of the "programme of action for the child," that the Chief Minister, Ms. Jayalalitha, announced recently, the State Government is trying to work out strategies to achieve a 50 per cent reduction in the incidence of HIV infection projected for the end of the century.

It is also encouraging that voluntary organisations are involved in campaigns, especially in the rural areas. [Passage omitted]

#### Political Interference Decried

94WE0133B Bombay *THE TIMES OF INDIA*  
in English 1 Dec 93 p 16

[Editorial: "World With AIDS"]

[Text] It will be less easy this year to mouth the usual platitudes on World AIDS day, December 1, on the progress towards tackling the most alarming scourge of modern times. At the last international conference in Berlin in June, Mr Jonas Salk expressed optimism over being able to do for AIDS what he did for polio, stating that a vaccine was within reach. At the Pasteur Institute, where Dr Luc Montagnier first identified HIV, scientists discovered in October a new molecule which helps the virus to attack the human cell. But there has been far more controversy than reasons for congratulations. Both France and Germany have been savaged by a blood-contamination scandal, with charges that officials were aware of the less than efficacious means of testing for HIV the blood meant for transfusion. Some of the momentum for control has also been lost thanks to what is perceived as

apostasy by people like Dr Montagnier and another pioneer, Professor Peter Duesberg, raising doubts over the link between HIV and AIDS. The controversial AZT, the only known 'treatment,' was also recently denounced as neither prolonging life nor delaying the onset of the full-blown syndrome.

India has been moving closer to the prediction of being home to the world's highest concentration of the HIV-infected. The WHO's current estimate of two million in India may or may not be too conservative, considering the importance of alarmist statistics in keeping the funds flowing for individual endeavours. But surveillance indicates the growth of incidence in not just the high-risk-behaviour groups, but also percolation into the family. Periodic claims of cures in Ayurveda or other non-allopathic systems are still unsubstantiated, but need not be dismissed out of hand. What is disquieting, however, is evidence of the National AIDS Control Organisation (NACO) losing the dynamism it had belatedly gained. There are cracks in both its sub-divisions, technical and educational. This newspaper's reports on brands of kits discredited in France being used in India's national programme were not officially denied, while politicians appear to be trying to wrest control over the selection and supply of such equipment from more qualified professionals. Recently the highly competent additional director in charge of information, education and communications in NACO was summarily transferred. If, as is believed, there was a political motivation to this as well, the health minister, Mr B. Shankaranand, will have to answer questions as awkward as those put to him by the JPC probing the securities scam.

## IRAN

### 'Latest Statistics' on AIDS Virus Reported

LD2001100794 Tehran *IRNA* in English  
0921 GMT 20 Jan 94

[Text] Bushehr, Jan. 20, IRNA—Latest statistics put the number of Iranians carrying the AIDS virus at 272 of whom 92 are positive, said head of the committee for campaign against aids Dr. Emami here Wednesday.

Turning to the geographical dispersal of the affected people in Iran, he said the virus has contaminated people in northern parts of the country mostly through blood transfusion whereas in southern parts it has been transferred through sexual relations.

He said an average of 5,000 people move in and out of the country every day, adding that since two years ago and through cooperation of the Iranian Foreign Ministry all foreigners arriving in the country will pass through HIV test.

He underlined the need for a nationwide education program and said the committee receives latest scientific data on the disease and put the information at the disposal of universities and other higher education institutes in the country.

## IRAQ

**Explosions in Baghdad, AIDS, Plague Cases Reported**

*NC1701175394 (Clandestine) Voice of the People of Kurdistan in Arabic 1500 GMT 17 Jan 94*

[Excerpts] A highly placed source has said that an explosion occurred in the Border Guard Corps headquarters, which is adjacent to [words indistinct] building in Baghdad, on 11 January 1994. [passage omitted]

Commenting on the deteriorating health conditions in Baghdad and the other Iraqi governorates under the regime's control, the source said that AIDS has spread in Baghdad and other cities to the point where hospitals are unable to offer treatment to all the patients or control this disease. In Baghdad 222 AIDS cases have been reported with 23 other cases in al-Basrah, 11 in Karkuk, and 86 in al-Ramadi. Additionally, the Bubonic Plague has spread in al-Basrah, al-'Amarah, and Baghdad with 26 cases of this disease reported by Baghdad hospitals alone.

**Regime Reportedly Takes Blood Samples From Kurdish Citizens**

*NC2301201494 (Clandestine) Voice of the People of Kurdistan in Arabic 1500 GMT 23 Jan 94*

[Text] In the last few days the authorities of the fascist ruling regime in Baghdad have taken inhuman measures against citizens from Kurdistan. A large number of Kurdish citizens who passed through Iraqi checkpoints between liberated Kurdistan and other areas of Iraq were poked with syringes and blood samples were taken from them.

A health official in Dahuk said a number of Dahuk citizens, the majority of them students, were subjected to this inhuman measure under pressure and threats at the Jambur checkpoint on the Dahuk-Mosul road.

The official said we believe that these syringes are contaminated with deadly viruses. Therefore, the citizens were sent to the hospital for medical tests. [passage indistinct]

## RUSSIA

### Russia Has 697 People Infected With AIDS Virus

PM0501151094 Moscow *PRAVDA* in Russian

5 Jan 94 p 1

[Untitled report from the *PRAVDA/ITAR-TASS/YEAN* column]

[Text] 4 Jan—As of today in Russia 697 people residing on the territory of the Russian Federation are infected with the AIDS virus. Of these, 280 are children. One hundred and twenty-seven adults and 90 children are already sick. Seventy-nine adults and 52 children have died.

### Oblast Authorities Plan Measures To Fight Venereal Disease

OW0301114794 Petropavlovsk-Kamchatskiy Radio  
Petropavlovsk-Kamchatskiy Network in Russian

1830 GMT 22 Dec 93

[From the "Kamchatka News" program]

[Text] A meeting of the coordinating commission for fighting venereal diseases was held in the oblast administration the day before yesterday. It was necessitated by the increase in cases of syphilis infections in Kamchatka with cases being reported almost daily. During the past 11 months of 1993 there were 168 cases of infection registered which is 6.2 times more than during the same period of last year. Of them 136 cases were registered in Petropavlovsk and 18 in Yelizovskiy Rayon. In the first half of December alone 18 people infected with syphilis have been found. The infected are from 14 to 56 years of age and 45 percent of them are unemployed and 13 percent are from commercial organizations or enterprises.

The meeting discussed methods of fighting this disease. The Administrations for Internal Affairs, the Affairs of Youth, Health, and other corresponding organizations and organs have been obliged to come up with proposals and programs for fighting venereal diseases within a 10-day period.

### Ministry Reports Spread of Sexually Transmitted Diseases

LD2001131094 Moscow ITAR-TASS in English  
1238 GMT 20 Jan 94

[By ITAR-TASS correspondent Liliya Kuznetsova]

[Text] Moscow January 20 TASS—Russia is reaping the harvest of a delayed sexual revolution these days. The number of patients suffering from sexually transferable diseases is rising proportionate to the number of nude bodies shown on the cinema and television screens.

"Doctors count over 25 such diseases," head of the Russian Health Ministry statistics department Elmira Pogorelova told ITAR-TASS. "The rise in the number of patients suffering from these diseases is being observed since 1988. The situation has become more aggravated of late," she said.

According to the statistics department figures, every year about 10 thousand people are infected by syphilis, 200 thousand by gonorrhea and another 9.5 million by other venereal and different viral diseases.

Elmira Pogorelova noted that what is distressing is that these ailments are affecting people of younger age groups. An excessive over-indulgence in sexual freedom and complete ignorance of this problem has led to a sharp rise in children and teenagers getting infected. According to her conviction, venereal diseases not only bring immense harm to the nation's health, but also cause colossal financial expenses due to loss of ability to work and medical treatment of such patients which runs into many million roubles.

According to the Health Ministry data, as far as AIDS is concerned, things are also not going well. Since 1987, when first AIDS patients were identified in Russia, the number of registered HIV-positive cases has risen to 636, including 122 patients suffering from this disease. Seventy of them have already died.

The statistics department head noted that carriers of AIDS virus have been registered in 50 out of the 88 administrative territories. In this respect the situation in Moscow, Moscow region and St. Petersburg is particularly bad, she said.

### Venereal Disease Controls Instituted in Kamchatka Oblast

OW2501053894 Petropavlovsk-Kamchatskiy Radio  
Petropavlovsk-Kamchatskiy Network in Russian  
1830 GMT 24 Jan 94

[From the "Kamchatka News" program]

[Text] The head of the oblast administration issued a decree confirming the list of categories of people who are to be subject to regular medical check ups with the aim of strengthening the fight against venereal disease—the incidence of which has increased significantly.

In all, 17 categories of citizens are included on the list and it includes public dining and trade workers, students in higher and special tertiary educational institutions, pediatricians, and hotel and hostel workers. The responsibility for implementing the decree falls upon heads of enterprises, establishments, and organizations. General control is to be exercised by the Kamchatka Oblast Gossanepidnadzor [State Sanitation and Epidemiological Inspection] Center.

### Diphtheria Sweeping Sakhalin; Two Dead in Kholmsk

OW3012093993 Vladivostok Radiostantsiya Tikhii  
Okean Maritime Network in Russian  
0815 GMT 24 Dec 93

[From the "Pacific Ocean" Program]

[Text] Diphtheria has spread practically all over Sakhalin. The infection has been registered in the absolute majority of rayons on Russia's largest island. As of today 58 people

have been hospitalized. The first deaths were recorded in the port city of Kholmsk where two people have died.

### Sakhalin Diphtheria Outbreak Claims First Two Lives

*PM24121119 Moscow KOMSOMOLSKAYA PRAVDA  
in Russian 24-31 Dec 93 p 2*

[Unattributed report: "Sakhalin: First Victims of Diphtheria"]

[Text] Almost all of Sakhalin has been affected by an outbreak of diphtheria. The infection has been recorded in the overwhelming majority of rayons on this, Russia's largest island. As of today 58 people have been hospitalized. The first fatalities occurred in the port city of Kholmsk—two people died.

In the medics' opinion, the source of the infection was new draftees arriving on the island and inmates at corrective colonies. The situation is being exacerbated by the lack of any vaccine on the island for inoculations or of any serum to treat those already ill.

### LATVIA

#### AIDS Center Reports 15 Cases; No Change Since December 1993

*WS2601161094 Tallinn BNS in English  
1349 GMT 26 Jan 94*

[Text] Riga, Jan 26, BNS—Fifteen men are registered as AIDS-contaminated in Latvia, from which 12 are HIV carriers and three are patients. One AIDS fatality is registered so far, Melita Sauka, a spokesman at the National AIDS Center, told BNS.

The situation has remained unchanged from December, 1993, Sauka said.

From the infected people, 10 are homosexuals, three bisexuals and two heterosexuals. All of them got the AIDS virus during sexual intercourse.

Ten of the 15 people are also patients of venereal diseases [VDs], which are on the rise in Latvia, said Sauka. There were 32 times more syphilis cases in Latvia recently than in 1992. The gonorrhea infection increased 45 percent in the period, said Sauka.

The figures reflect only officially registered data but the actual situation must be even worse, said Sauka. Sauka drew a link between the spread of VDs with the activities of the so-called "intimate clubs," which neglect the health of their girls.

### LITHUANIA

#### First Diphtheria Death in More Than 20 Years Reported

*WS1701200894 Tallinn BNS in English  
1623 GMT 17 Jan 94*

[Text] Vilnius, Jan 17, BNS—A 42-year-old man who died in a Vilnius hospital last week became the first victim of diphtheria in Lithuania over the past two decades, the Lithuanian Immunoprophylaxis Center said.

Eight cases of diphtheria were reported last year. Lithuanian doctors established that the disease is brought to the country from Russia and Ukraine.

The unfortunate victim was an alcoholic and took medical advice only when the disease had irretrievably progressed.

Lithuanian doctors urge all people aged 30 and over to get vaccinated from diphtheria.

#### Outbreak of Trichinosis in Kaunas Alarms Doctors

*WS1201132994 Tallinn BNS in English  
1047 GMT 12 Jan 94*

[Text] Vilnius, Jan 12, BNS—An outbreak of trichinosis, a grave disease marked by muscular pain, fever, and edema, in the second biggest Lithuanian town of Kaunas is already considered a tragedy by some Lithuanian doctors.

The Kaunas infectious diseases hospital had no vacant beds by Tuesday [11 January] and had to send new patients infected with trichinosis to a children's hospital.

101 people, including 23 children, were hospitalized as of Tuesday. Another 400 people will undergo prophylactic treatment.

Entire families reportedly got infected from trichinous meat that was sold in some Kaunas stores.

Experts of the Kaunas Hygiene Center said the meat was delivered from a private slaughterhouse in the nearby Sakiai region.

## CYPRUS

### Daily Records Current Status of AIDS Cases

NC0101094294 Nicosia CYPRUS MAIL in English  
1 Jan 94 p 1

[Text] Six new Aids carriers were identified in Cyprus in December, health authorities revealed yesterday.

Four are Cypriots: three men aged 65, 36 and 23, and a 45-year-old woman.

The other two Aids carriers are Filipina artistes.

One-hundred-and-fifty-five incidents have been identified in Cyprus from October 1986, of which 86 concern Cypriots and 69 foreigners.

So far 13 people have died of Aids, while two carriers died of other causes.

Of the Cypriot carriers, 72 reside permanently in Cyprus and 14 live abroad.

Seventy-five are men and 11 are women.

Sixty-six out of the 86 belong to the 20-39 age bracket.

Although most carriers have been infected abroad, 1993 indications show sources of infection exist in Cyprus.

In 1993, 25 new carriers were discovered in Cyprus—15 Cypriots and 10 foreigners.

Twenty-four new incidents were identified in Cyprus in 1992, nine were Cypriots and 15 foreigners.

### Six Additional HIV-Positive Cases Detected

NC1101164094 Nicosia CYPRUS NEWS AGENCY  
in English 1512 GMT 11 Jan 94

[Text] Nicosia, Jan 11 (CNA)—Six people, two Filipino women, working here as dancers, and four Cypriots, were identified HIV-positive in December, an official announcement said.

The Cypriots are three men aged 65, 36 and 23 and a 45-year-old woman.

This brings the total number of AIDS carriers in Cyprus in 1993 to 25, 15 Cypriots and 10 foreigners. All foreigners coming to Cyprus to work are tested for AIDS before their work permit is issued.

According to the announcement, the number of HIV-positive Cypriots has remained steady and low, with only 11 or 12 new cases identified each year. Even though most Cypriots found HIV-positive were infected while abroad, last year there were cases of people infected while on the island.

According to available figures 24 people, nine Cypriots and 15 foreigners were tested HIV-positive in 1992, while a total of 22 people, 14 Cypriots and eight foreigners, were found to carry the disease in 1991.

Since October 1986, 155 people, 86 Cypriots and 69 foreigners, were infected by the deadly disease. The age

group 20 to 39 concentrated [as reported] 66 of the 86 Cypriots carrying AIDS, while the overwhelming majority (75) were men.

So far 13 Cypriots suffering from AIDS have died while two other carriers died from other causes.

### New AIDS Cases Detected, Measures Taken on Awareness

NC2201113594 Nicosia CYPRUS MAIL in English  
22 Jan 94 p 1

[Text] AIDS awareness is to be stepped up with the production of an information pamphlet by the National AIDS committee.

At a meeting on Thursday chaired by the health minister, the committee decided to launch the new pamphlet in a question and answer format in response to the rise in the number of AIDS patients in Cyprus.

Six new AIDS carriers were identified in December, bringing the total number of carriers to 151. Eighty-six are Cypriots. Since 1986, 13 people have died of AIDS and two carriers have died from other causes.

Cyprus' main AIDS worry is that the disease is now being contracted on the island. This phenomenon grew in 1993. If the situation is not handled properly now it could become a problem in the future.

## DENMARK

### HIV Carrier Sentenced for Having Unprotected Sex

94P20181A Copenhagen BERLINGSKE TIDENDE  
in Danish 27 Nov 93 p 4

[Article by RB: "Convicted for Unsafe Sex"]

[Text] A 27-year-old man infected with HIV through blood preparations received a nine-month prison sentence for engaging in unsafe sex. The 27-year-old HIV-positive male was sentenced Friday [26 November] in Stege municipal court on the island of Mon to nine months in prison for having engaged in around 50 incidents of unsafe sex with four different women. He will not be eligible for parole before having served at least six months of the sentence.

The man was convicted in accordance with Paragraph 252 of the Criminal Code, which states that "whoever, in gross disregard or in similar reckless manner places the life or health of another in serious danger, is subject to being fined or imprisoned for up to four years."

None of the four women is presently HIV-positive.

The convicted man appealed his sentence to the district court with the demand to be found not guilty, asserting that the Criminal Code paragraph cannot be used in these sorts of cases—which it has in fact on two previous occasions.

Both previous convictions are currently being considered in, respectively, the Supreme Court and a district court.

"It has therefore not been finally decided whether Paragraph 252 can be used in these types of cases," stated J. Toft Eriksen, the attorney for the 27-year-old.

The incidents of intercourse occurred during the college summer break period in 1988. The 27-year-old explained that he had been afraid of being rejected if he told the truth.

## FINLAND

### Assurance on Blood Supply Following German Scandal

94WE0131B *Helsinki HELSINGIN SANOMAT*  
in Finnish 18 Nov 93 p 6

[Unattributed article: "No Sign of HIV Peril in Finnish Plasma Products"]

[Text] According to the Medicinal Bureau, no signs of HIV peril have been found in any of the plasma products that have been for sale in Finland. The Medicinal Bureau has tested the plasma product shipments that have used the blood plasma provided by the German UB Plasma GmbH.

Tests are still being conducted with virus cultures, but, according to the Medicinal Bureau, it is improbable that the tests will turn up any signs of the HIV virus.

There were a total of four shipments of products to be tested. One shipment has already been completely consumed. Eighty packages in all of these products have been imported into the country, and 34 of these have been consumed. The tested products were FSME-Bulin, Intraglobin, and Megalocet.

Shipments from UB Plasma GmbH were removed from distribution on 4 November, since the HIV test that had been used on their raw materials had not followed stipulations currently in force.

Blood preparations developed from the products of a second German firm that may have neglected to test blood donors, Hamoplas GmbH, probably are not available in Finland. The Medicinal Bureau is still pursuing the matter, however.

The Medicinal Bureau is making the monitoring of imported blood preparations more efficient. The manufacturers of medicines are urged to clarify how the virus security is guaranteed at different phases of the production. The preparers have also been asked to furnish lists of those suppliers whose raw blood materials are used in preparations that have been licensed for sale in Finland.

The Medicinal Bureau has also asked foreign officials to make inspections at those medicine factories in Europe that ship blood preparations to Finland.

### Debate Over Pregnancies of HIV-Infected Mothers

94WE0131E *Helsinki HELSINGIN SANOMAT*  
in Finnish 28 Nov 93 p 15

[Article by Marjut Lindberg: "The Question Now in Finland Is: May an HIV Mother Give Birth?"]

[Excerpts] More and more new HIV infections strike women. This is forcing Finns also to examine their attitude toward the pregnancies of HIV-infected women; At this time, less than 10 HIV-positive women have given birth to a child. Of the children, two have been infected, the others are healthy. Two infected women will be giving birth in the near future.

In Finland almost all of the HIV-infected women are in their childbearing years, and the majority of them have become infected through intercourse. A woman's chances of getting infected by a man are 10 times as great as a man's getting infected by a woman.

During this year alone five new cases have been discovered by Helsinki maternity clinics. During earlier years the most that were discovered in a year was two, in most years none at all.

Health care personnel have been introduced to a brand-new ethics question: Can and may an HIV-virus-bearing woman give birth to a child?

Assistant Professor Jorma Paavonen of the Helsinki Central General Hospital Women's Clinic does not dismiss the thought that, in the future, doctors would be asked to make sure that an HIV-positive woman remain childless.

### Woman Herself To Decide Whether To Have Child

A child's chances of being infected by the mother is between 5 and 15 percent here and elsewhere in Europe. Infected children have a life expectancy of at least 10-15 years. Since, according to current information, it is suspected that some virus strains live in their bearers without ever breaking out as actual AIDS, life may continue even for decades after infection.

If a woman is in good health at the beginning of the pregnancy, then the child has a low risk of infection as well as low risk of losing his/her mother early in life. "Do we have the right to deny these women our assistance for giving birth to a child?" asks Paavonen.

Doctors who care for the HIV patients until termination do not pressure the woman to have an abortion if the woman who has become pregnant wants to keep the child. The woman is informed about the risks and her decision is respected. If the woman wants the child, the doctors promise to support the pregnancy according to the best of their abilities.

There are few doctors specializing in HIV patients in Finland, however. HIV-positive women living outside the bigger cities may very well be pressured to have an abortion. HIV-bearing women have learned. According to the women, their desire to have a child is considered irresponsible.

The most recent statistics indicate that of the 43 new HIV infections this year, women have received 10. Six of these are Finns. Altogether there are 562 recorded HIV infections in Finland, and of these 93 are women. [passage omitted]

During the AIDS awareness day, money will be collected for the Aurora Hospital vaccination experiment. Head doctor Juhani Lahdevirta's vaccination experiment is experiencing financial difficulties, for many more than the planned-for 30 HIV-positive patients want to participate.

### Court Increases Prison Sentence for HIV Rapist

*94WE0131A Helsinki HELSINGIN SANOMAT  
in Finnish 16 Dec 93 p 6*

[Article by Susanna Reinboth: "Appeals Court Gives 11 Years to HIV Rapist"]

[Excerpts] The Helsinki Appeals Court has increased the sentences of 30-year-old Ugandan John Karara for several rapes and attempted manslaughters. He was sentenced to a total of 11 years six months in prison.

The Helsinki Municipal Court had sentenced Karara to seven years in prison last spring.

The Appeals Court sentence is a composite sentence for a total of four cases of having sexually taken advantage of women between December 1991 and September 1992.

A sentence of eight months in prison meted out to Karara earlier for one rape was added to the sentences, so that, in all, he was sentenced for three forcible rapes and one case of an indecent act offensive to a person's personal freedom.

In addition to these, Karara was sentenced to four attempted manslaughters. This sentence was meted out since he had had sexual contact with the women even though he is a bearer of the HIV virus. [passage omitted]

In addition to the HIV virus, Karara is infected with the chronic liver inflammation causing hepatitis B. None of the women became infected with HIV, but one did get the hepatitis B infection.

Karara himself contended that he did not know about his two infections until the end of March 1992. The Appeals Court found that Karara had known about at least the HIV infection earlier.

The Appeals Court based its finding on the testimony of Karara's Finnish wife. The couple was married in April 1990. The wife was found to be HIV positive in August of that year. The wife had told also her husband about the infection. [passage omitted]

### Helsinki To Continue Free Treatment of STD's

*94WE0127E Helsinki HUFVUDSTADSBLADET  
in Swedish 18 Dec 93 p 8*

[Unattributed article: "Free Treatment of Sexually Transmitted Diseases (STD's) To Continue"]

[Text] A fee for outpatient treatment of sexual diseases will not be required in the coming year in Helsinki. The health department in Helsinki has moved to continue free outpatient treatment of sexual diseases. The goal is to insure that the fee will not act to deter people who wish to seek treatment.

The outpatient clinic for sexually transmitted diseases is located at Aurora Hospital, where 80,000 doctor visits to the clinic are recorded annually. Doctor visits, examinations, and vaccinations are some of the things that are free at the clinic. On the other hand, a patient admitted to the hospital because of a sexual disease will end up in the contagious diseases ward where a fee is charged.

### Beijing-32 Influenza Strikes Early

*94WE0131D Helsinki HELSINGIN SANOMAT  
in Finnish 19 Nov 93 p 6*

[Article by Marjut Lindberg: "The Type A Virus Came Early This Year"]

[Text] The influenza virus managed to get to Finland a month early this year as compared to the few most recent years and has already felled many a Finn into a sickbed. The one circulating this year is one form of the Beijing-32 virus. This is very similar to the type A virus that ravaged Finland last year.

Docent Reijo Pyhala from the Bureau of Public Health predicts that the coming winter's influenza epidemic will be long lasting, even until the latter part of March, for the virus arrived in Finland uncommonly early this time. Generally the influenza viruses do not strike the Nordic countries until around Christmas and New Year's.

This year's flu vaccine will give a pretty good immunity against this disease, for it has been developed precisely from the current virus. The public has some resistance also against the Beijing-32 virus because of the epidemics of recent years. For the time being the same virus has been found in Europe only in Sweden and England.

### Disease Has Rapid Onset

The A strain of virus that is overrunning Finland has spread quite quickly to various regions of the country. The first patients already fell ill a couple of weeks ago in southeast Finland, in the Imatra and Ruokolahti areas. Up to today the A virus has already emerged in Uusimaa, Pori, and Rovaniemi. At the Dragsvik army base in Tammisaari, 300 men have gotten the flu already, and 70 of them are in base hospital beds now.

The circulating influenza strikes rapidly. A patient's fever rises high in a couple of hours, they experience headaches and muscle pain, and a dry cough as well as runny nose may cause discomfort. Rest is usually all that is needed to cure the disease; fever and aches are relieved by over-the-counter drugs and drinking a lot of fluids.

The disease becomes troublesome, even dangerous, when it is followed by inflammations. The most common are inflammations of the upper respiratory ducts and pneumonia. Pneumonia may even be fatal for older people or people in poor health.

Docent Reijo Pyhala reminds that there are other common flu viruses circulating besides the A virus, so that not all runny nose and fever combinations are necessarily influenza.

### Rush for Diphtheria Vaccinations Follows Infections in Russia

94WE0131C Helsinki HELSINGIN SANOMAT in Finnish 15 Dec 93 p 3

[Article by Marjut Lindberg: "Diphtheria Vaccination Become Popular Quickly"]

[Excerpt] Finns have taken seriously the Bureau of Public Health's urgings to check the status of their vaccination against diphtheria. During the first week in December, health centers have ordered about 30,000 doses of diphtheria vaccine. That is equal to the amount ordered during the entire year last year.

Women over age 40 and men over age 50 have the poorest protection against diphtheria. For practical purposes, people under age 30 have full protection against diphtheria because of the vaccinations given at clinics, schools, student health services, and the Armed Forces.

Vaccination gives certain protection against the disease for 10 years, but the vaccine provides somewhat less certain protection for considerably longer. During the last five years anyone receiving a booster shot for tetanus has simultaneously been given a booster shot for diphtheria.

According to Bureau of Public Health estimates, over 600,000 Finns would be in need of a diphtheria vaccination. One can get it from either a health center or a health care provider at any time. Flu patients are wasting their time in asking for a vaccination, for anyone with a fever will not be vaccinated.

### Anyone Traveling to Russia Needs a Vaccination

Immediate vaccinations are needed by anyone intending to travel to Russia, or are in continuous, close contact with Russians.

Anyone can check the status of their immunity at their local health center, where records are also kept on vaccinations. At the end of the last decade, health centers began issuing health cards, which have all vaccinations recorded on them. Anyone traveling to a distant foreign land is also issued a yellow international vaccination card, which also has the information on how long each vaccination is effective.

Tapani Kuronen, director of the Bureau of Public Health's vaccination laboratory, gives an assurance that the supplies of vaccinations will be sufficient even if Finns swarm to the health centers. The vaccination costs the client nothing and the health center about 3.50 markkas a dose.

### All Infections From Russia

Up to today three Finns have been infected with diphtheria, all of them in St. Petersburg. Two of the Finns developed the disease, and one managed to only become a bearer. Not one case of infection between two Finns has been uncovered in 30 years.

Diphtheria is not transmitted from one person to another merely by being in close proximity, but the disease is primarily spread in saliva. The surest way to get the disease

is to kiss an infected person, drink from the same bottle, or use the same or poorly washed eating utensils.

This year almost 1,800 diphtheria cases have been registered in St. Petersburg through the end of October, with nearly 400 cases in October alone. In the Republic of Karelia, there have been 76 cases observed through October, with 31 of these in October. [passage omitted]

### Uusimaa Hospital Adds TB Isolation Ward as Cases Mount

94WE0127B Helsinki HUVVUDSTADSBLADET in Swedish 23 Nov 93 p 8

[Article by Mardy Strom: "Otolaryngology Unit Still Threatened; Mjolbolsta Hospital Renovated for 100 Million"]

[Excerpts] Yesterday Karis, Pojo, and Inga opened their health center's brand new ward in new quarters at Mjolbolsta Hospital in Karis.

This means that a 12-year renovation from the ground up costing 100 million [markkas] is nearing completion.

But head physician, Dr. Henrik Riska, does not dare to utter the sigh of relief that might be expected from such thorough modernization.

"We are afraid the proposal to move the ear, nose, and throat unit to West Uusimaa will be raised again when we least expect it," he said. [passage omitted],

Finally, Riska foresees a threat to the pulmonary medicine unit, for which Mjolbolsta Hospital is well known. The reason is that a specialty without support functions is not tenable. [passage omitted]

### Tuberculosis on the Increase

Indeed, it is not better times but an unforeseen development that has called for an upgrading of facilities on the verge of being discarded.

In the last three years, tuberculosis has increased in the Mjolbolsta area. It is a surprising trend that is being seen internationally, as well. In the United States, there have been 40,000 new cases. But while tuberculosis in the United States is due to AIDS and social circumstances, the trend here is not due to AIDS or HIV. Here in Finland, the tuberculosis infection is spreading primarily among the unemployed who do not have adequate hygiene or regular medical care.

These individuals must be hospitalized until they are no longer infectious, Riska believes. He was the first in Finland to advocate a new isolation ward for tuberculosis patients in connection with the renovation at Mjolbolsta.

This ward, with five beds, is already fully occupied even though it has only been in use for a year.

"We were a half year ahead of the International Tuberculosis Union," said Riska, who is one of its experts. "It recommended isolation wards six months ago."

The city of Esbo has protested Mjolbolsta's long hospital confinements for some pulmonary patients and has threatened to reduce the hospital stay of 2,000 patients on cost grounds.

"Long-term isolation of infectious individuals is necessary for the sake of the rest of the population," Riska insists. It is an opinion that is winning more and more acceptance.

### **Finns Found Satisfied With Health Care System**

*94WE0127C Helsinki HUFVUDSTADSLADET  
in Swedish 11 Dec 93 p 3*

[Unattributed article: "Patients Quite Satisfied With Care"]

[Text] If the patient survey of randomly selected consumers of health care services undertaken by Finland's Consumer Association and Finland's Patient Association in October-November is to be believed, Finns are quite satisfied with the health care they receive.

Fully 84 percent of the 1,043 individuals who answered the questionnaire were either satisfied or very satisfied with their care, and even slightly more felt that doctors, nurses, and other personnel treated them well or very well. Patients in the private health care sector believed they were better treated than those in the public sector did.

Very few patients had much comment upon the professional skills of the medical personnel. Even so, it appeared that they placed greater confidence in doctors and other health care workers in the private sector than in the public sector.

Nor did patients complain about the information they received. Over 80 percent believed that they had received adequate information from doctors and nurses. The general opinion seemed to be that nurses were a little better than doctors in giving out information expected of them. And once again, the new survey showed a slightly better percentage for the private sector than for the public sector.

And yet, the large majority felt that health care services should be financed entirely (24 percent) or partially (72 percent) through taxes. Only 23 percent of those queried felt that health care was expensive or very expensive. Should more health care services be subject to fees, the consensus was that families with children should receive special access to care.

The survey was undertaken in eight areas: Bjorneborg, Helsinki, Jakobstad, Joensuu, Jyvaskyla, Rovaniemi, Salo, and Tammerfors. Unfortunately, local results were not yet available when the Consumer Association announced the results yesterday.

The survey left many unanswered questions. It will likely be repeated next year in order to get a better idea of the recession's effect on health care standards.

For example, in Jakobstad, the questionnaire was divided between Jakobstad's hospital and Ostanlid's hospital.

"We do not know whether the patients were actually satisfied at Ostanlid, which is threatened with closure, or

whether they gave the care there very high marks in order to show that they wished to keep the hospital," said Karl-Gustav Sodergard, chairman of Finland's Patient Association.

The patients' message to the policymakers overwhelmingly concerned the standard of care. The unanimous opinion: Do not cut costs to the extent that the quality of care will suffer.

### **Proposal To Cut Public Veterinary Services Protested**

*94EN0127A Helsinki HUFVUDSTADSLADET  
in Swedish 18 Nov 93 p 11*

[Article by Inger Blomqvist: "Scary Thoughts of Abolishing District Veterinary System"]

[Excerpts] It is frightening to think about the district veterinary service being discontinued. The result would certainly be that no veterinarian would come to districts where it is far between settlements. And it would result in animal owners having to pay a fortune to get a veterinarian to come out to a cattle barn during the night or on holidays. This is the opinion of Johan Karlsson, district veterinarian in Kyrkslatt. [passage omitted]

If Finland's District Association gets its way, that is, abolishes the district veterinary system, it will mean that 24-hour service will be discontinued and that would be very unfortunate for livestock all around the country, not least for reindeer husbandry in the north, he said.

If national veterinarian services are opted for, the number of veterinarians will be reduced to a half or a third. This will mean, according to Karlsson, that the remaining veterinarians will treat contagious diseases, take care of documentation and certification needed by animal owners, provide animal protection, and possibly monitor livestock feed. The rest will not be taken care of and no private veterinarian can be prevailed upon to come out around the clock. [passage omitted]

### **Economic System**

The Ministry of Agriculture and Forestry, with possible changes in the law in mind, is permitting a study group to investigate what the district veterinary service actually costs and what the 420 veterinarians do. The head of the group declared up front that the good thing about district service is that it is comprehensive and that every district has its own or at least a part of a veterinarian's services outside of business hours.

According to the report, 45 percent of district veterinarians work only with sick animals and preventive care, 15 percent are occupied exclusively with feed monitoring and related matters, while the rest work in both areas. [passage omitted]

Also at issue is the fact that the EC directive requires Finland to have an operational network of veterinarians. If the network is staffed by district veterinarians paid by the state, it will certainly be significantly more expensive than the present system.

In a few days, the report will go up for review before a group of 70 or so people involved with the issue. They represent the Finance Ministry, the District Association, district spokesmen, district doctors, organizations, and associations.

However, no official pronouncements will come out of this round, the Ministry of Agriculture and Forestry explained.

As it is a question of changing the law, the last word will go to the cabinet and the Riksdag.

## NORWAY

### Patients With Killer Strep Bacteria Increase Threefold

94WE0135A Oslo AFTENPOSTEN in Norwegian  
29 Dec 93 p 2

[Article by Lene Skogstrom: "Concern Over Dangerous Bacteria"]

[Text] A killer strain of streptococcus bacteria is attacking increasing numbers of people. During 1993 the number of infected individuals has tripled.

So far this year, 126 people are known to have suffered blood poisoning and meningitis caused by the streptococcus bacteria group A. This is three times as many as in 1992. Norway's Institute of Public Health is concerned over the highly malignant bacterial strain that appears to be on the increase. It attacks healthy adults and causes inflammation of muscles and tendons.

"A number of the 126 infected with the bacteria in 1993 died," said Viggo Hasseltvedt of the Disease Control Division.

"This is a serious illness. It is important that the approximately 90,000 people who in the course of a year typically suffer ordinary strep throat infection take treatment seriously. Otherwise there is a risk that the infection will continue to develop in the body," said Hasseltvedt.

"We are concerned about these developments and will be studying this microbe closely. Over the long term, it may be necessary to try and find a vaccine, but that can take a long time," said Hasseltvedt.

### Many Attacked

The streptococcus bacterium is not the only one concerning health authorities. The bacterium that causes pneumococcus disease has attacked more people this year than last: 454 as opposed to 387.

"We do not know why this bacterium is on the increase, either. It likes to attack people with weak immune systems and can cause virulent pneumonia, meningitis, or blood poisoning," Hasseltvedt said.

A third bacterium is also on the upswing, figures from the Disease Control Division show. This one causes campylobacteriosis, a bloody diarrhea that can resemble dysentery and potentially can cause complications in the form of joint problems.

"This bacterium is found, among other things, in chickens, and next to salmonella, is the most common cause of severe diarrhea," said Hasseltvedt. Some 859 people have become ill with diarrhea of this type so far this year, compared with 592 in the same period last year. Poor hygiene during food preparation is one source of the infection. But the bacterium is also found in surface water, and the rainy summer could be the explanation for why the bacterium attacked 267 more this year.

A bright spot in the statistics on infectious diseases is the figures for the conventional type of contagious meningitis—the meningococcus group B, C, as well as others. It dropped from 192 cases in 1992 to 118 cases this year.

Thanks to vaccination of children, the number of cases of Hib infection (*Haemophilus influenzae* B) fell from 209 in 1992 to 76 this year. The Hib bacterium also causes meningitis, particularly in small children.

### Lyme Disease Becoming 'Health Problem'

94P20207B Oslo AFTENPOSTEN in Norwegian  
29 Dec 93 p 2

[Excerpt] Disease from tick bites is becoming a health problem for Norway, the National Institute of Health affirms.

The number of cases of Lyme borreliosis, a disease caused by tick bites, increased strongly in 1993. Even in the next to last week of the year, a total of 414 cases had been reported to the National Institute for Public Health. Last year, the number was 158.

"The increase is due in part to the fact that this season we approached the doctors and asked them specifically to report cases of Lyme, including harmless ones. Nevertheless, there can be no doubt that there has been a very real increase in the disease in the coastal areas. Lyme borreliosis is becoming a very real health problem," Dr. Viggo Hasseltvedt of the Institute said.

The increase in the tick population and in their hardness, as well as the increase in number of bites, is probably due to a series of mild winters. [passage omitted]

## SWEDEN

### Number of HIV Cases Reportedly Decreases

LD2201132794 Stockholm Radio Sweden in Swedish  
1130 GMT 22 Jan 94

[Text] The number of people who have become HIV positive seems to be decreasing. Statistics from the Infection Protection Institute show that reported HIV cases decreased by 17 during the last quarter of last year compared with the same period in 1992. However, the total of HIV-infected increased last year with 34 cases. Altogether, 383 people were reported HIV-infected in Sweden last year.

### Influenza Reaches Epidemic Proportions

94WE0126C Stockholm DAGENS NYHETER  
in Swedish 2 Dec 93 p 13

[Article by Andreas Stromberg: "Influenza Peak Reached"]

[Text] This year's influenza has now struck more than 6 or 7 percent of the population and can be called an epidemic. The epidemic will soon reach its peak, and many will fall ill during the coming weeks.

The central parts of Sweden and Stockholm and suburbs are the hardest hit. In many parts of these areas the percentage of flu patients is much higher. Goteborg with surrounding areas and northern Sweden have, so far, not been hit very hard by the virus. But when the contagion gets a foothold somewhere, it spreads very fast.

"We now have a quick diagnostic method, which in 24 hours can detect the influenza virus in the body," said Monica Grandien, from the Contagion Prevention Institute.

She explained that this year's vaccine against the influenza has proven to be very effective. Many older people with chronic heart and pulmonary ailments have been vaccinated and have stayed healthy.

About half of all house calls by the physicians' car service, which in Stockholm amount to about 1,000 per week, are to homes of influenza patients.

Many pupils have stayed home from school the last few weeks. But most children have handled the flu quite well. Older people are often stricken more severely and feel worse, especially if they already suffer from another illness when the flu hits.

### Staff Protests Decision To Withdraw Somalia Hospital

94WE0126A Stockholm DAGENS NYHETER  
in Swedish 9 Dec 93 p 12

[Article by Leif Norrman: "Swedish Contribution Praised"]

[Text] Amazement over Swedish decision to withdraw hospital staff.

The enormous and costly UN operation in Somalia has done little for peace or for the living conditions of the Somalis. But a little part of the UN effort has received praise from everyone—the work by the Swedish field hospital. And Sweden's decision to stop this very concrete form of aid has been met with great amazement.

Each morning, a large number of Somalis wait outside the tall walls. With their legs spread wide apart, U.S. Marines and tough Turkish soldiers, wearing bulletproof vests and helmets, stand guard behind rolls of barbed wire and watch through their sunglasses with black, mirrored lenses. The muzzles of their automatic rifles are always pointed forward. The Swedish field hospital is located within the enormous and absurd area, where UN troops and offices

are struggling for elbowroom—in the middle of Mogadishu, but totally isolated from the bustle of the city.

Swedish ambulance drivers and guards, together with interpreters, sort out the patients who are returning and those most obviously in need of medical care; traffic accident victims, severely burned children, and quite often patients with bullet wounds. But appendicitis and other "routine" cases are also admitted.

"There is no better form of help available than the one we provide," said the surgeon, Ake Blixt, standing in the operating room, supervising surgery performed by a U.S. Army physician, who has joined the Swedes in order to gain experience.

#### Somalis Treated

The Americans treat only their own military personnel almost exclusively. But of the approximately 8,000 patients treated by the Swedes, almost 90 percent have been Somalis.

"The help we dispense here must be more cost effective than most other development aid projects," continued Ake Blixt. He thinks it was totally wrong to send the staff home now when it is needed the most.

The Swedish field hospital has become famous in Somalia. Injured people are sent to Mogadishu for medical care from far away. Some arrive on truck flatbeds, others are carried in or brought to the hospital on wheelbarrows. The need is enormous—there really are no functioning Somali hospitals.

But the Swedish Government has decided to stop operating the field hospital in Mogadishu. The medical staff and the guards will be back home in the middle of December. The medical equipment, however, will remain in Somalia, as it has been sold to the UN after long discussions. Right now, the details are being ironed out during negotiations at the UN headquarters in New York. It has been decided that Pakistani UN personnel will take over the operation of the hospital.

#### "Deplorable"

Ola Ahlund, chief physician at the hospital, thinks it is deplorable for Sweden to abandon it. But he welcomes the decision to leave the equipment behind. As a matter of fact, he himself suggested that three months ago.

"But the most important factor is really not the equipment, but Swedish medical expertise. It is difficult for me to imagine that anyone else could operate the hospital with the same degree of efficiency."

"Medical care is one of the things we Swedes are very good at. So why can't we provide it to people who have no access to it?" said Ola Ahlund.

At the hospital everyone agrees: "We serve an important function here, a function that cannot be provided by anything else." The guards, the cooks, the medical staff, the minister, and all other personnel seem to be in agreement on this. "In a year's time, this hospital has become an institution, both among Somalis and UN troops. Our

efforts here create a very positive image of Sweden. And for a long time to come, there will be need of concrete aid," said Thomas Lindgren, physical therapist. He is probably the only physical therapist among 30,000 UN soldiers and about 8 million Somalis.

A few members of the Swedish Riksdag recently questioned the decision to send the Swedes home from Mogadishu at a time when the UN, with its battered reputation, had asked its member nations to support the Somalia operation.

Minister of Development Aid Alf Svensson answered their question:

"The situation in Somalia is back to 98 percent of normal," he said and referred to recent UN reports.

But Somalia is a country that as a result of civil war has lost all of its social institutions and that literally lies in ruins.

The upbeat UN reports appear to be products of out-of-touch bureaucrats and spawned in an artificial environment far away from the Somalian reality.

"Our 8,000 patients have been expensive," said Alf Svensson. "They have each cost us 14,500 kronor. Previously the lives of children were saved in Somalia for 700 kronor a piece."

He compared the cost of administering advanced surgical care for, for example, injuries caused by high velocity weapons or extensive burns requiring skin transplants to the price of distributing food during the worst period of famine in 1992, when more than half a million of Somalis died.

Alf Svensson said that in order to really justify the decision to send the Swedish medical staff home, Sweden must continue to provide as much medical aid to Somalia as during the current year—but it should be given to Somalian hospitals in order to enable them to improve the medical care they provide.

"It is like throwing the money into a large black hole," said both Swedish physicians and representatives of private aid organizations in Somalia.

The few existing Somalian hospitals are, in reality, empty shells. Not even the most basic medical equipment, nor medical drugs, can be bought in the country. And bringing in supplies from abroad, except through the UN, is not possible. Many, and often the most highly trained, of the 450 physicians in Somalia have left the country. And nobody knows what happened to the two dentists.

#### Year Zero in Somalia

It is still year zero in Somalia. And the situation will not become more stable when Europe and the United States start to withdraw their troops.

The UN Somali operation, UNOSOM [United Nations Operation in Somalia], is struggling to establish representative councils in districts and regions—while well aware that Somalian warlords possess enough of both weapons and power hunger to ignore any agreements made.

Not even the experienced head of UNOSOM's political department, Leonard Kapungu, who otherwise often praises Scandinavian contributions, could not restrain himself from wondering, with exasperation:

"What were they thinking about in Sweden when they decided to abandon the hospital now?"

#### UNITED KINGDOM

##### Study of AIDS Risk in UK Women Revealed

94WE0138 London *THE SUNDAY TELEGRAPH*  
in English 19 Dec 93 p 7

[Article by Victoria Macdonald]

[Text] Fears that British-born heterosexual women are under threat from AIDS appear to have been further allayed in a new study which shows that the majority of cases in this country are women from sub-Saharan Africa.

The findings will lend weight to the increasing calls for AIDS money to be diverted to the "at risk" groups rather than the "politically correct" approach demanded by AIDS activists.

The doctors who carried out the study conclude: "The increase in women infected by HIV remains predominantly restricted to 'high risk' groups."

The study is the first in this country to distinguish between immigrants and British-born women who have travelled abroad.

Doctors from St Mary's and Chelsea and Westminster Hospitals, and Charing Cross and Westminster Medical School, looked at the case histories of 357 HIV positive women attending three London clinics between 1985 and 1992.

Because of the low rate of infection in heterosexuals, this figure represents a fifth of all HIV positive women in Britain and is considered significant by doctors.

Of those women, 307 were from sub-Saharan Africa. In 52 per cent of cases, doctors were able to establish when they had entered Britain. Eighty-six per cent had arrived in the previous year.

Of the remaining 50 women, 30 had a recognised risk factor: eight had a partner who was an intravenous drug user, five had a bisexual partner, nine had a partner from sub-Saharan Africa, and eight had a partner known to be HIV positive.

This means that less than six per cent of the women in the study did not have a recognisable risk factor.

The Department of Health said that it was closely studying the new findings, published in this month's *JOURNAL OF GENITOURINARY MEDICINE*.

Latest figures from the World Health Organisation (WHO) suggest that five out of every 11 people newly infected with the virus are women, with the problem worse in developing countries. Of the 13 million people infected since HIV was identified in 1983, more than eight million have been in

sub-Saharan Africa. In Britain, there were 19,065 reports by December 1992. Of those, 12.4 per cent were women.

Pratik Shah, a research fellow in obstetrics and gynaecology at the Chelsea and Westminster Hospital, said: "Although national data from the Communicable Disease Surveillance Centre provides more detailed information about the epidemiology of HIV infection in women ... it does not distinguish between immigrants and UK-born individuals who have travelled abroad."

"The main aim of the study was to address the issue."

Sara Moseley, of the London Lighthouse AIDS organisation, said 25 per cent of the people using their service were women, from a variety of backgrounds. "Women must remain vigilant because there is no cure for HIV, only prevention."

### Flu Epidemic Death Toll Still Rising

94WE0130 London *THE DAILY TELEGRAPH*  
in English 11 Dec 93 p 4

[Text] More people died of influenza last week than any week since the epidemic began, according to figures released yesterday.

While the number of flu cases may be abating, the virus is exacting a heavy toll and could make this winter the worst since the 1989 epidemic when 26,000 died.

Taking all the key categories collected by the Office of Population, Censuses and Surveys, in the seven days to December 3 there were 1,170 deaths of which flu contributed 57, pneumonia 987, and bronchitis 126.

**Tokyo, Washington To Cooperate on AIDS, Population Issues**

*OW2001005294 Tokyo KYODO in English  
0030 GMT 20 Jan 94*

[Text] Washington, Jan. 19 KYODO—Japanese and U.S. officials wrapped up two days of working-level talks Wednesday [19 January] on ways to strengthen cooperation in tackling rapid global population growth and the AIDS crisis in the developing world.

Unlike contentious trade talks on foreign access to the Japanese market, no hitch was reported on the AIDS and population control front, part of the "common agenda" intended to smooth the rough edges in the framework trade accord.

Japanese officials said the two countries expect to draw up a report detailing the size of financial commitment and a multiyear program of bilateral cooperation by the time Prime Minister Morihiro Hosokawa and President Bill Clinton meet in Washington on February 11.

"What you will see is the largest-ever program of bilateral cooperation" in the areas of AIDS prevention in developing countries and global population control, a Japanese official said.

Japanese sources said the U.S. is already spending "several hundred million dollars" a year to promote birth control and to prevent the spread of AIDS in the developing world.

Japan "is still relatively behind" in these areas but the Japanese Government intends to boost its efforts under the government's official foreign aid program, a Japanese official said.

**Red Cross Federation Seeks \$212 Million in 1994**

*AU1101154794 Paris AFP in English  
1532 GMT 11 Jan 94*

[Text] Geneva, Jan 11 (AFP)—Red Cross and Red Crescent societies need 318.5 million Swiss francs (212.5 million dollars) to carry out their long-term emergency operations this year, their federation said Tuesday [11 January].

Launching the appeal, the federation said the funds are needed to plan and finance humanitarian aid to some 13.2 million people in 46 countries.

"With the end of the Cold War disasters of all kinds have become more frequent and more complex, affecting a growing number of people whose already precarious situation gets worse each year," said Secretary-General Georges Weber.

Europe and in particular the former Yugoslavia, the Caucasus and states that emerged from the collapse of the Soviet Union head the list of targets, requiring 200 million francs to aid 8.6 million people.

In Africa the federation will need 90 million francs to finance its operations for three million people in 16 countries.

"With this appeal we must address the daily needs of the victims of forgotten disasters—disasters which are often more devastating more long term and more related to violent conflict than natural disaster," said Stephen Davey, under-secretary general for operations.

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